



Restoring Hearts and Homes

MERCY HOUSE OF MEADVILLE, INC.
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MERCY HOUSE INDIVIDUAL COUNSELING APPLICATION FORM

Name _____ Date of Birth _____

Address _____

Phone # _____ Emergency # _____

S.S # _____ Email _____

Introductory Questions

1. Who suggested that you come to Mercy House? _____

2. What is the problem (in your own words) that led you to call Mercy House?

3. What is your chief complaint or concern? Check those that apply?

- | | |
|--|---|
| <input type="checkbox"/> anxiety | <input type="checkbox"/> divorce |
| <input type="checkbox"/> depression | <input type="checkbox"/> unresolved grief issues |
| <input type="checkbox"/> drug/alcohol addiction | <input type="checkbox"/> post traumatic stress |
| <input type="checkbox"/> self-harm | <input type="checkbox"/> sexual abuse issues |
| <input type="checkbox"/> mental health issues | <input type="checkbox"/> rape |
| <input type="checkbox"/> spiritual confusion or concerns | <input type="checkbox"/> domestic violence issues |
| <input type="checkbox"/> compulsions | <input type="checkbox"/> anger issues |
| <input type="checkbox"/> eating disorder | <input type="checkbox"/> war veteran |
| <input type="checkbox"/> relational/marital difficulties | |

Other issues that may be a concern to you:

4. What are your current stressors?

Family Information:

My parents are: _____deceased _____divorced or separated _____living _____married _____single

My parent's current age and health:

Mother _____

Father _____

My parent's education level:

Father _____

Mother _____

How many brothers do you have and what are their ages? _____

How many sisters and what are their ages? _____

How would you describe your brothers' and sisters' current health status?

What is your current marital status?

_____married _____divorced _____separated _____widowed _____single

How many children do you have? _____ Boys _____ Girls _____ None

What are their ages? _____

What relational conflicts do you currently have with spouse or children?

Who would you consider to be a primary support to you? _____

Developmental History

Did you suffer any traumatic events in childhood? Check those that apply.

____death of parent/sibling

____sexual abuse

____mental abuse

____physical abuse

____severe accident in family

____foster care

____juvenile detention center

____head or brain trauma

____poverty

____family illnesses

____was told I was a difficult delivery

____early parental separation

____drug or alcohol abuse in home

____mental health issues

____moving from house to house

I would say my physical health during childhood was _____

List any mental health or addiction issues you had during childhood:

List any physical handicaps or severe illnesses you had in childhood:

Did you consider yourself relational or a loner, active, or quiet when you were growing up?

Describe close friendships you had growing up.

How did you fare academically in grade school and high school?

Did you graduate from high school? From college? From a technical school?

Do you consider yourself to be below average, average or above average intelligence wise?

Substance Abuse History

List the people in your immediate family and extended family that used drugs or alcohol: _____

Describe your drug/alcohol history: first use was _____

Substance used _____

Current substances used:

Frequency of use:

The last time I used was: _____

My longest clean time was: _____

Have you had inpatient stays for rehab? _____ Give the dates you went in and names of the rehab facility: _____

What was the outcome of past rehabilitation efforts?

Please list any consequences you have suffered as the result of substance/alcohol abuse:

Socio-economic History

What is your current living situation?

What is your current employment status?

My last employment was at, for how long?

My current financial stressors are:

Describe your legal history, past and current:

Any pending charges and if so what are the charges?

Jail time served and for what?

Current probation/electronic monitoring and who is your probation officer?

I am currently in litigation in a civil case: Yes or No (circle one)

I served in the military, when, what branch, how long?

Spiritual Development

Do you have a faith background, please describe:

Are you struggling with spiritual or religious issues? May we assist you with those?

Psychiatric Information

Describe previous psychological episodes and treatments, when, where:

What type of treatment did you have and what was the outcome?

Satisfaction/Difficulties: I am currently in litigation with a therapist: Yes or No (circle one)

Are you currently in therapy? Who is your therapist?

Are you undergoing psychiatric care? Who is your psychiatrist?

List any psychiatric medications and dosages that you currently take and the doctor who prescribed them: _____

Have you ever had an inpatient stay at a mental health unit or a state mental health facility? _____
If yes, how long were you in treatment?

Medical Information

Do you have any current health problems? Circle those that apply:

- Physical injuries, chronic illnesses, allergies, eating difficulties, lack of exercise,
- sleep disturbances, sexual dysfunction, chronic pain, obesity, underweight, cancer

List any medication you take for physical health issues and dosage:

When was your last exam by a medical doctor?

Other Questions:

What changes do you hope your therapy will lead to?

How can our staff assist you to make these changes?

Describe your readiness and motivation for change:

What would you consider to be your major strengths?

What would you consider to be your major weaknesses?

When are you happy? What are the positive factors in your life today?

Client Signature: _____ Date: _____

Staff Signature (if applicable): _____ Date: _____