

# SUMMIT BIBLICAL COUNSELING

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19601 Ben Hill Griffin Pkwy  
Fort Myers, FL 33913

(239) 481-0777  
counseling@summitlife.com

1. **What is Biblical Counseling?** Biblical Counseling, sometimes known as Pastoral Counseling or Soul Care, has as its center, the Lord Jesus Christ.
  - a) It includes listening, teaching, encouraging, preparing, comforting, warning, admonishing.
  - b) It is scriptural and deals with issues, spiritually (not medically or clinically).
  - c) It has as its purpose to glorify God and to guide the counselee into an increased understanding of his/her personal, love, and grace-oriented relationship with Jesus Christ.
  - d) It can result in pursuing a transformed life that reflects God's grace, glory, and the totality of God's Word by God's grace through faith.

This type of counseling is different from secular forms of counseling. Its goal is to

“Proclaim Him, admonishing every man and teaching every man with all wisdom, that we may present every man complete in Christ. And for this purpose also I labor, striving according to His power, which mightily works within me” (Col 1:28-29 NAS).

Equip “the saints for the work of service, to the building up of the body of Christ; until we all attain to the unity of the faith, and of the knowledge of the Son of God, to a mature man, to the measure of the stature which belongs to the fullness of Christ” (Eph. 4:12-13).

2. **Referrals to Professionals:** Some of our biblical counselors work in professional fields outside the church. When serving as biblical counselors within this church, however, they do not provide the same kind of professional advice/services they do when hired in their professional capacities. Therefore, if you have significant legal, medical, clinical, or other technical questions, you should seek advice from independent professionals. Our pastoral, biblical, and lay counselors will cooperate with such advisors and help you to consider their counsel in light of relevant scriptural principles.
3. **Intent Listening:** We encourage counselees to speak their mind in appropriate fashion and to discuss thoughts, anxieties, and fears so the counselor will clearly understand core problems.
4. **Assignments:** Counselees progress more rapidly when they study or perform specific informational or behavioral assignments that are individually tailored to pertain to the problem.
5. **Accountability:** We desire to maximize use of your time and of the counselor's time. One of our goals is to help believers learn how to glorify God and love others, to have the outward life reflect the yielded, godly inward life, resulting in peace and joy. Therefore, it is important for each counselee to participate actively in the counseling sessions, in church, and in the homework between the sessions. As we are accountable to our God, to our Church, and to our fellow believers, so we ask you to submit yourselves to being accountable to the Lord and to the counselor for active participation and completing assignments. We also ask that you attend a Bible-believing Church service or study consistently.
6. **Length of Counseling:** Biblical Counseling will vary in the amount of time required, according to the individual, his/her motivation, the amount of time spent on homework, and the particular situation and/or problem. On the average, Biblical Counseling requires less time than conventional, secular counseling. Simple problems may be solved in one session. Severe situations often require a longer period. When multiple people are involved in the counseling, as frequently happens in marriage counseling, 15 to 20 sessions or more may be required. Substance abuse and addiction problems may require many more sessions, with intensive accountability and follow-up.

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## COUNSELING CONTRACT

I (We) affirm the accuracy of the personal information provided herein, have read the information above, and agree to the conditions set forth therein. I (we) hereby agree to the following conditions:

1. I (We) understand that the biblical counseling I (we), my (our) family, or those legally under my (our) guardianship will receive will be based upon the Bible, with the goal of glorifying God and loving others, leading to grace-filled, godly living. It is not medical or clinical.
2. I (We) will keep the appointment time or will call prior to 24 hours to cancel with a legitimate excuse. In respect of my (our) counselor's time and preparation, as well as other counselees who could have had this time slot, if I (we) fail to call 24 hours in advance (unless it is an emergency), I (we) understand I am (we are) responsible for payment of the missed appointment.
3. I (We) will fulfill the weekly assignments or the session might not be held.
4. I (We) will consistently attend a Bible-believing, teaching and practicing church while I am (we are) in counseling, and, preferably, at least one other Bible teaching study/service/small group during the week.
5. I (We) understand that confidentiality is an important part of the counseling process and my (our) counselor is careful to protect confidentiality, desiring to operate under high ethical principles. However, there are times when my (our) counselor must share certain information with others, such as when:
  - a. Counselors and pastors of my (our) church, or the pastor/elders of Summit Church must be consulted for advice.
  - b. Information is revealed which indicates a genuine potential for harm to myself (ourselves) or to others. In that case, counselors may have to share that information with the appropriate authorities or family members, being obligated by conscience and by the laws of this state in regards to counseling relationships, being required to report to the appropriate authorities any information that raises suspicion of child abuse, intent to harm oneself, and/or intent to harm another person.
  - c. A person persistently refuses to renounce a particular sin. In that case, it may become necessary to seek the assistance of others in the church to encourage repentance and reconciliation. (Proverbs 15:22; 24:11; Matthew 18:15-20)

I (we) understand my (our) counselor(s) strongly prefer(s) not to disclose personal information to others and desire(s) to help me (us) find ways of resolving problems as privately as possible.

6. Summit believes disputes are to be worked out between parties without recourse to the courts (Matthew 18 & I Corinthians 6). Accordingly, I (we) agree to attempt resolution of any disputes through Christian mediation. Therefore, please sign the following release: I (We) do hereby agree to hold all counselors at Summit Biblical Counseling (SBC), Summit Church, and its leadership harmless from any advice, counsel, or suggestions rendered during my (our) counseling sessions. I (We) recognize that their role is to assist me (us) in hearing and understanding God's will in the matters we discuss. I (We) will not, therefore, sue or engage in any type of litigation negatively affecting them, Summit, Summit Biblical Counseling, or the organization granting them the ability and resources to provide counseling ministry. Furthermore, I (we) agree not to attempt to subpoena or require any counselor to appear in any legal proceeding related to any matters discussed during counseling, nor will I (we) attempt to subpoena any notes or records to this counseling.

7. Summit Biblical Counseling is a faith-based ministry and depends upon fees collected from its counselees as well as generous contributions from its supporters. Additional costs are underwritten by Summit Church. The fee for each counseling session is based on the sliding scale below. If you cannot offer that amount financially, please complete the financial aid application. If you have questions, please discuss them with your counselor. (Summit may need to limit the number of sessions.) Checks are to be written to Summit Biblical Counseling.

Please circle the amount you commit to pay each session:

Family Income Level Per Year	Session Fee
Up to \$75,000	\$85
Up to \$100,000	\$115
Over \$100,000	\$145
<b>First Session Administrative Fee: \$25 due at the time the first appointment is scheduled. This fee is non-refundable.</b>	

8. I (We) will purchase any books or materials for homework assignments that my counselor deems necessary.
9. I (We) understand that Summit Biblical Counseling is a training center for biblical counselors. I (We) consent to the above and to team counseling and/or observation by counselors in training during my (our) counseling sessions. I (We) understand that they are under the same confidentiality guidelines as defined herein.
10. Summit Biblical Counseling is unable to provide childcare services.

Signed: \_\_\_\_\_ Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_

### FIREARMS POLICY

I (We) understand that firearms of any kind (including concealed weapons) are prohibited inside all areas of Summit Church, including Summit Biblical Counseling offices. Weapons must be left at home or secured in my (our) vehicle while in a counseling session, church service, class or any other activity or event at Summit Church. Thank you for your cooperation.

Signed: \_\_\_\_\_ Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_

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## STATEMENT OF PRIVACY NOTICE

This notice describes how information about you may be used and disclosed, and how you can get access to this information. Please review the information carefully.

- Your name, address, phone number, e-mail address, religious information and other protected information may be released only after receiving written authorization from you. You may revoke your permission to release information at any time. It must be in writing with effective date and be specific to the information being protected. Summit Biblical Counseling (SBC) is not required to agree to your request if action has already been taken.
- You may be contacted by SBC by mail, email or phone (or message left on an automated answering device) to remind you of appointments. You have the right to request a more confidential way of providing your protected counseling information or alternative communication method at the time you are seen at SBC. SBC will try honoring all reasonable requests.
- You may be contacted by SBC for the purposes of raising funds to support the operations of SBC. SBC will provide information on how to opt out of receiving future fundraising communications.
- You have the right to request a restriction on the use of your protected information. However, SBC may choose to refuse your restriction if it is in conflict with providing you with quality care, in the event of an emergency situation or as described in our confidentiality statement.
- You have the right to request an amendment to your information. It must be in writing and explain why the information should be amended. SBC can deny the amendment with a written explanation.
- You have the right to possess a copy of this Statement of Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.

Summit Biblical Counseling seeks to keep all counselee information protected and will abide by the terms of the notice currently in effect. SBC reserves the right to make changes to this notice and to make new notice provisions effective for all protected information that it maintains. Changes to this notice will be posted in the reception office and may be redistributed at your next visit to SBC.

You have the right to complain to Summit Biblical Counseling if you believe your rights to privacy have been violated. All complaints will be investigated. No personal issue will be raised for filing a complaint with SBC. If you feel your privacy rights have been violated, please mail your written complaint to:

Summit Church  
19601 Ben Hill Griffin Pkwy  
Fort Myers, FL 33912

or to: Region IV, Office of Civil Rights  
U.S. Dept of Healthy and Human Services  
61 Forsyth Street, S.W. Atlanta, GA 30303

or to: Assoc. of Certified Biblical Counselors  
www.biblicalcounseling.com

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By signing this form, I hereby acknowledge that:

\* Summit Biblical Counseling has offered me a copy of its Statement of Privacy Notice, which explains how my protected information will be handled in various situations. I understand that SBC is required to make every effort at obtaining written acknowledgement of my receipt of the Statement of Privacy Notice on my first date of service after January 1, 2007.

\* Summit Biblical Counseling has given me the chance to discuss my concerns and questions about the privacy of my protected information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PERSONAL DATA INFORMATION FORM

## IDENTIFICATION DATA

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Address (Home) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_  
Name of Company and Work Address \_\_\_\_\_  
Phone (Work) \_\_\_\_\_  
Sex: (M) \_\_\_\_ (F) \_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Referred here by \_\_\_\_\_  
Education (last year you completed) \_\_\_\_\_ (grade, degree)  
Other training (list type and years--include any degrees) \_\_\_\_\_  
\_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Emergency Contact's Relationship to you \_\_\_\_\_

## HEALTH INFORMATION

Rate your health (check): Very Good \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_ Declining \_\_\_\_ Other \_\_\_\_  
Height \_\_\_\_\_ Approximate weight \_\_\_\_\_ lbs. Weight changes recently: (+ -) \_\_\_\_\_

List all important present or past illnesses, injuries or handicaps:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your physician \_\_\_\_\_ Phone \_\_\_\_\_  
Date of last medical examination \_\_\_\_\_ Report \_\_\_\_\_

Are you presently taking medication: Yes \_\_\_\_ No \_\_\_\_ List the medication and what it treats:

\_\_\_\_\_  
\_\_\_\_\_

Have you used drugs for other than medical purposes? Yes \_\_\_\_ No \_\_\_\_

What? \_\_\_\_\_

Have you ever had an abortion? Yes \_\_\_\_ No \_\_\_\_ When? \_\_\_\_\_

Have you ever thought of committing suicide? Yes \_\_\_\_ No \_\_\_\_ When? \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_ No \_\_\_\_ When? \_\_\_\_\_

Have you recently suffered the loss of someone who was close to you? Yes \_\_\_\_ No \_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been sexually or physically abused? Yes \_\_\_\_ No \_\_\_\_

Please answer the following questions. Use as much space and write as much as you are comfortable explaining. The more information that I know ahead of time, the less time will be needed and the more our thoughts can be organized. (Feel free to add additional sheets.)

1. What brings you here? Please be specific about the problems you are experiencing.

2. What have you done about this situation?

3. What are your expectations in coming here? What do you want me to do?

4. Is there any other information I should know? Use as much space and write as much as you are comfortable explaining. (Feel free to add additional sheets.)

**MARRIAGE AND FAMILY INFORMATION**

Marital Status: Single \_\_\_ Dating \_\_\_ Engaged \_\_\_ Married \_\_\_ Separated \_\_\_  
Divorced \_\_\_ If divorced, how many times? \_\_\_ Widowed \_\_\_

Give brief information about any previous marriages: \_\_\_\_\_

If you are presently married:

Name of Spouse \_\_\_\_\_

Address \_\_\_\_\_

Occupation (and name of company) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Your spouse's age \_\_\_\_\_ Education (in years) \_\_\_\_\_ Religion \_\_\_\_\_

Is your spouse willing to come for counseling? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

Is your spouse in favor of your coming? \_\_\_\_\_ If no, explain \_\_\_\_\_

Have you ever been separated? Yes \_\_\_ No \_\_\_ When? from \_\_\_\_\_ to \_\_\_\_\_

Have either of you ever filed for divorce? Yes \_\_\_ No \_\_\_ When \_\_\_\_\_

Date of marriage \_\_\_\_\_ Your ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_

Did you have premarital counseling? Yes \_\_\_ No \_\_\_ If yes, how many sessions? \_\_\_\_\_

**Information about children:**

Name            Age    Sex        Education        Marital Status    Personality/character    Living?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELIGIOUS BACKGROUND**

Denominational preference \_\_\_\_\_

Member of \_\_\_\_\_ (church)

How often do you attend per month? (circle) 0 1 2 3 4 5 6 7 8 9 10+

What church did you attend as a child? \_\_\_\_\_ Baptized? \_\_\_\_\_

Do you consider yourself a religious person?    Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

Do you believe in God?                                Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

Do you believe Satan exists?                        Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

Have you ever "dabbled" with the "Occult"?    Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

(Seances, devil worship, witchcraft, Ouija board, horoscopes, etc.)

Do you pray to God?                                Yes \_\_\_ No \_\_\_ Never \_\_\_ Occasionally \_\_\_

Would you say you are a Christian?                Yes \_\_\_ No \_\_\_

or would you say you are still in the process of becoming a Christian? \_\_\_\_\_

If you are a Christian, describe briefly when, how, where, etc. you became a Christian:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever made a profession of faith in Jesus Christ (confessed you are a sinner and asked Him to be your Lord/Savior)?    Yes \_\_\_ No \_\_\_ Not certain what you mean \_\_\_

How often do you read the Bible?                Never \_\_\_ Occasionally \_\_\_ Often \_\_\_

Do you have regular devotions?                Yes \_\_\_ No \_\_\_ Not sure what you mean \_\_\_

Explain recent changes in your religious life, if any

\_\_\_\_\_

## PERSONALITY INFORMATION

Have you undergone any kind of counseling before? Yes \_\_\_ No \_\_\_

If yes, list counselors/psychologists/psychiatrists/therapists and dates:

Was it beneficial? \_\_\_\_\_ What was the outcome? \_\_\_\_\_

What, if anything, do you fear? \_\_\_\_\_

Have you recently suffered a loss from serious social, business or other reversals, etc.?

Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

Circle any of the following words which best describe you now:

|                |                 |              |                |                  |              |           |
|----------------|-----------------|--------------|----------------|------------------|--------------|-----------|
| Godly          | Ethical         | Hypocritical | Strict         | Angry            | Unreasonable | Abusive   |
| Irresponsible  | Cruel           | Uneducated   | Proud          | Embarrassing     | Ambitious    | Active    |
| Self-Confident | Persistent      | Nervous      | Hardworking    | Impatient        | Impulsive    | Moody     |
| Often-blue     | Likable         | Excitable    | Imaginative    | Calm             | Serious      | Sensitive |
| Easy-going     | Shy             | Good-natured | Introvert      | Extrovert        | Leader       | Quiet     |
| Hard-boiled    | Submissive      | Lonely       | Self-conscious | Humorous         | Sloppy       | Whiner    |
| Selfish        | Lots of Friends | Failure      | Success        | Self-disciplined |              |           |

Are there other words that would help you to describe yourself? \_\_\_\_\_

Circle the words that describe why you seek counseling:

|             |                        |                         |                         |                 |
|-------------|------------------------|-------------------------|-------------------------|-----------------|
| Grief       | Suicidal thoughts      | Relationship w/parents  | Loss of self-respect    | Fear            |
| Loneliness  | Anxiety                | Relationship w/children | Loss of love            | Nervousness     |
| Depression  | Marriage problems      | Sexual concerns         | Loss of faith in God    | Anger with God  |
| Nervousness | Homosexuality          | Sexual coldness         | Loss of faith in others | Self doubt      |
| Guilt       | Compulsive lust        | Religious doubts/fears  | Loss of hope            | Substance abuse |
| Anger       | Pre-marital counseling | Worry                   | Loss of meaning         |                 |

## TELEVISION & ENTERTAINMENT

How much television do you watch each day? \_\_\_\_\_ hrs.

List your favorite programs: \_\_\_\_\_

What is your favorite type of music/entertainers? \_\_\_\_\_

## BIO-PSYCHOLOGICAL INFORMATION

Have you ever felt people were watching you? Yes \_\_\_ No \_\_\_

Do people's faces ever seem distorted? Yes \_\_\_ No \_\_\_

Do you ever have difficulty distinguishing faces? Yes \_\_\_ No \_\_\_

Do colors ever seem too bright? Yes \_\_\_ No \_\_\_

Have you ever had hallucinations? Yes \_\_\_ No \_\_\_

Are you plagued by fears? Yes \_\_\_ No \_\_\_

Do you have problems sleeping? Yes \_\_\_ No \_\_\_

Do you hear voices? Yes \_\_\_ No \_\_\_

## PERSONAL BEHAVIORAL HABITS

1. Do you drink coffee or other caffeinated drinks? Yes \_\_\_ No \_\_\_ How much/day? \_\_\_\_\_

2. Do you smoke? Yes \_\_\_ No \_\_\_ How much/day? \_\_\_\_\_

3. Do you explode when you get angry? Yes \_\_\_ No \_\_\_

4. Do you withdraw when you get angry or hurt? Yes \_\_\_ No \_\_\_

5. Do you frequently argue with other people? Yes \_\_\_ No \_\_\_

6. Do you drink alcohol? Yes \_\_\_ No \_\_\_ How much per day? \_\_\_\_\_

7. Do you use drugs? Yes \_\_\_ No \_\_\_ What kind and how much? \_\_\_\_\_



**FAMILY AND CHILDHOOD INFORMATION**

**Circle** the appropriate words:

Would you characterize your **Father as:** Godly Ethical Hypocritical Strict Angry Unreasonable  
Abusive Irresponsible Cruel Uneducated Proud Embarrassing  
Active Ambitious Self-confident Persistent Nervous Hardworking  
Impatient Impulsive Moody Often-blue Excitable Imaginative  
Calm Serious Easy-going Lots of Friends Introvert Selfish  
Extrovert Likable Leader Quiet Hard-boiled Submissive  
Lonely Self-conscious Sensitive Humorous Sloppy Self-disciplined  
Whiner Failure Successful Well-groomed Shy Good-natured Other:

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Would you characterize your **Mother as:** Godly Ethical Hypocritical Strict Angry Unreasonable  
Abusive Irresponsible Cruel Uneducated Proud Embarrassing  
Active Ambitious Self-confident Persistent Nervous Hardworking  
Impatient Impulsive Moody Often-blue Excitable Imaginative  
Calm Serious Easy-going Lots of Friends Introvert Selfish  
Extrovert Likable Leader Quiet Hard-boiled Submissive  
Lonely Self-conscious Sensitive Humorous Sloppy Self-disciplined  
Whiner Failure Successful Well-groomed Shy Good-natured Other:

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Where did you grow up? Urban Area \_\_\_ Suburban Area \_\_\_ Small Town \_\_\_  
Rural \_\_\_ Farm \_\_\_ City, State \_\_\_\_\_ Population \_\_\_\_\_

What was your family's economic situation when you were a child?  
Extremely poor \_\_\_ Poor \_\_\_ Lower Middle Income \_\_\_ Middle Income \_\_\_  
Higher Middle Income \_\_\_ Wealthy \_\_\_ Extremely wealthy \_\_\_

Were you ever sexually abused by anyone? No \_\_\_ Yes \_\_\_  
Please detail: Were you abused by: a relative \_\_\_ a stranger \_\_\_ a neighbor \_\_\_?  
How old were you at the time? \_\_\_\_\_  
Was the person who abused you ever prosecuted? \_\_\_\_\_

What was your happiest memory as a child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was your unhappiest memory as a child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you experience a major trauma when you were a child? Detail:

\_\_\_ At Home \_\_\_\_\_  
\_\_\_ At School \_\_\_\_\_  
\_\_\_ At Neighbor's Home \_\_\_\_\_  
\_\_\_ At Relative's Home \_\_\_\_\_  
\_\_\_ Other: \_\_\_\_\_

If you were reared by anyone other than your own parents, briefly explain:

\_\_\_\_\_  
\_\_\_\_\_

How many siblings do you have: older brothers \_\_\_\_\_ older sisters \_\_\_\_\_  
younger brothers \_\_\_\_\_ younger sisters \_\_\_\_\_  
Are you a twin: \_\_\_\_\_ identical \_\_\_\_\_  
Are you on good terms with your: Mother \_\_\_\_\_ Father \_\_\_\_\_ Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

List the people that you hate or are extremely angry with, and the reasons:

\_\_\_\_\_  
\_\_\_\_\_

What kind of home did you grow up in? (Check all that apply)

\_\_\_ Traditional (Father, Mother, Kids)  
\_\_\_ Authoritarian (Parent(s) made all rules without discussion, allowing no other opinions)  
\_\_\_ Divorced: Who did you live with? Mom \_\_\_ Dad \_\_\_ Other \_\_\_\_\_  
\_\_\_ Alcoholic: Skid row \_\_\_ Functional, but affected \_\_\_ Dysfunctional effect on family \_\_\_  
\_\_\_ Drug Affected: Cocaine \_\_\_ Heroin \_\_\_ Marijuana \_\_\_ Other \_\_\_\_\_  
\_\_\_ Perfectionist: Everything had to be done just right to please: Mom \_\_\_ Dad \_\_\_ Both \_\_\_  
\_\_\_ Critical: One or both parents remarked about the negatives with little praise for good  
\_\_\_ Affectionate: Demonstrative with hugs, kisses, etc. \_\_\_  
    Affection there, but not openly shown \_\_\_  
\_\_\_ Emotional: Crying allowed, but controlled \_\_\_ Anger, screaming freely allowed) \_\_\_  
    Repressed: Emotions not allowed to show \_\_\_  
    Parents showed emotion, but kids were not allowed to do so \_\_\_  
\_\_\_ Religious: In name only \_\_\_ Strict, negative \_\_\_ Hypocritical \_\_\_ Genuine happy experience \_\_\_  
\_\_\_ Step-family: Which of parents remarried? \_\_\_\_\_  
    Did you live with step-brothers or step-sisters? \_\_\_\_\_  
    Did you live with half-brothers or half-sisters? \_\_\_\_\_  
\_\_\_ Abusive: In what way? Sexual \_\_\_ Physical Beatings \_\_\_ Emotional \_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**WOMEN ONLY**

Do you customarily have menstrual difficulties? \_\_\_\_\_

Please list/describe symptoms prior to your cycle, such as tension, tendency to cry, etc.

\_\_\_\_\_  
\_\_\_\_\_