



Outpatient Ministry Personal History - Teen

Note: If more space is needed to write your answers, use the back of the same sheet include the PART NUMBER and QUESTION NUMBER for your answer.

Date: _____ Age: _____ Phone: Home _____ Work _____ Email _____

Name _____ Address _____

City _____ State _____ Zip _____ Church _____

Current Pastor _____ Permission to Contact: Yes _____ No _____
If yes, sign release form at the end of this packet.

School: Highest Grade completed _____ Degree Earned _____

Previous counseling: Yes _____ No _____ Name & Title/year _____

Permission to contact previous counselors Yes _____ No _____

Person to contact in case of emergency _____ Phone _____

Part 1: Personal Goals in Receiving Ministry

1. What do you hope to accomplish or changed in your life by coming here? What is your goal?
2. Explain how you see the problem?
3. What is your best guess as to why this problem is happening to you?
4. Which of the above issues is most pressing at the present time and why is that so?
5. Is there a crisis issue we should be concerned at the present time? Yes _____ No _____.

Part 2: Family History or Background

1. With whom are you now living?
2. Are you adopted? Yes ___ No ___ Unsure ___. **If yes, Explain:**
3. How many brothers and sisters do you have? ___ Brothers ___ Sisters.
4. Are your parents living? **Father:** Yes ___ No ___ **Mother** Yes ___ No ___.
5. Describe your parents as individuals, give 3 words to describe each:
 - a Give three words that describe your **father**:
 1. _____
 2. _____
 3. _____
 - b Give three words that describe your **mother**:
 1. _____
 2. _____
 3. _____
6. Is your **father** clearly the head of the home, or is there a role reversal in which your mother ruled the home?
Explain:
7. Is there a **family secret** that everyone agrees not to discuss or disclose? Yes ___ No ___ Unsure ___
Explain in detail:
8. Do you presently know someone with whom you can be emotionally honest? If yes who? _____

Part 3: Life History

1. Describe any family trauma that you may have experienced. **Explain in detail:**
2. When, where and from whom did you receive your first knowledge of sex?
3. Do you have any concern about your sexual identity? Yes ___ No ___. **If yes, explain:**
4. Were you sexually abused? (Sexual abuse includes any type of unwanted sexual touching or fondling, rape, sexual intercourse or oral sex.) Yes ___ No ___ Unsure ___. **If No, go to Part 4-1**
If Yes, explain:
5. If you were sexually abused, were there multiple times of being sexually abused? Yes ___ No ___.

Part 4: Medical

1. What do you find very stressful in your life at the present time? **Explain in detail:**

2. How do you do to handle this stress when a situation seems to be overwhelming?
3. Have you ever cut yourself? Yes__ No__. **If Yes, explain in detail:**
4. Have you ever had problems wetting the bed? Yes__ No__. **If Yes, what age did this stop? _____**
5. Have you ever walked in your sleep? Yes__ No__.
6. List all diagnoses given to you by any doctors including psychiatrists:
7. Are you now or have you ever been involved in pornography? Yes ___ No ____. List most recent kinds of involvement.
8. Do you have any habits that are compulsive, in that you feel you are driven to do them and struggle soon afterwards with guilt and feel bad or condemned? **Explain in detail:**

Part 5: Social - Psychological

1. Do you feel intense anger at times and have no idea why you are feeling that way? Yes ___ No ____.
If Yes, explain:
2. If you have intense anger episodes, do you ever loose control and act out? Yes ___ No ____.
If you act out, explain in detail what you do:
3. Do you have or ever had panic attacks? Yes ___ No ____.
If Yes, explain what you experience:
4. Do you feel a sense of deprivation, like being "ripped off" most of your life? Yes ___ No ____.
If Yes, explain why you think you feel this way:
5. Do you feel that you go overboard to please people? Yes___ No____. **If Yes, explain why you do that.**
6. Do you feel or sense that your moods shift or change more than you would like? Yes__ No__. **If Yes, explain why you believe that happens to you:**
7. Have other people noticed your moods shift and have others commented or questioned you about these mood changes? Yes___ No ____.
If Yes, explain what was said to you and what you believe happened:
8. When dressing in the morning, do you have to change clothes several times to feel comfortable? Yes___ No____.
If Yes, explain why you think this happens to you:

9. Is it common for your parents or friends to tell you **on more than one occasion** that you did something and you don't recall or are not aware of doing it? Yes___ No___ . **If Yes, explain in detail:**
10. Did you ever have an imaginary playmate? Yes___ No___ Unsure___. **If Yes, give details how this happened:**
11. Are there times when you feel very spacey or disconnected, just staring off into space, losing awareness of what is going on around you and sometimes you lose track of time? Yes___ No___ Unsure___.
If Yes or Unsure, explain your answer:
12. Have you ever had a **recurring distressing dream**, even if very short, or a similar dream several times in the past? Yes___ No___ . **If Yes or Unsure, explain your answer:**
13. If you do have **nightmares**, what age did the nightmares start and how frequent are these nightmares? **Explain as best you can why you believe this happens:**
14. Have you ever seen a psychiatrist, psychologist or counselor? Yes___ No___ **If Yes, what was the reason and what was the diagnosis?**
15. Is there a history of **mental illness** in your family, including grandparents and great-grandparents? Yes___ No___ Unsure___. **If Yes explain:**
16. Have you ever been treated for a **mental problem** or hospitalized for a **mental episode**? Yes___ No___ . **If Yes, give the details:**
17. Are you presently on any **medication** for a psychological disorder? Yes___ No___ . **If Yes, list drug and doctor:**
- _____
- _____
18. Have you ever been addicted to illegal drugs ___ alcohol___ Rx drugs _____?
19. In the past, have you felt **very depressed, blue**, and **hopeless** for a period lasting for **two weeks or more**? Yes___ No___ . Unsure___ **If Yes or Unsure, explain your answer:**
20. Do you **NOW** or have you **EVER** had suicidal thoughts, wishes to be dead, or attempted suicide? Yes___ No___ Unsure___. **If Yes or Unsure, give details of what happened:**

21. Have you ever been diagnosed as having the following: **(Check all that apply)**

- | | | | | | | |
|---|-----|-----|----|-----|--------|-----|
| a. Depression | Yes | ___ | No | ___ | Unsure | ___ |
| b. Bipolar | Yes | ___ | No | ___ | Unsure | ___ |
| c. Schizophrenia | Yes | ___ | No | ___ | Unsure | ___ |
| d. Anxiety disorder | Yes | ___ | No | ___ | Unsure | ___ |
| e. Post Traumatic Stress Disorder (PTSD) | Yes | ___ | No | ___ | Unsure | ___ |
| f. Dissociative disorder | Yes | ___ | No | ___ | Unsure | ___ |
| g. Multiple Personality Disorder (MPD or DID) | Yes | ___ | No | ___ | Unsure | ___ |
| h. Any other psychiatric disorder (Borderline Personality, Anti-social behavior, etc) | Yes | ___ | No | ___ | Unsure | ___ |
| i. Having thoughts of a delusional nature, which are not in touch with reality? | Yes | ___ | No | ___ | Unsure | ___ |
| j. Have you ever been treated for a delusional disorder? | Yes | ___ | No | ___ | Unsure | ___ |
- If Yes or you are Unsure -Explain as much as you can.**

22. Do you ever have or ever had, blank, foggy spells or periods of missing time that you can't remember what happened?
Yes___ No___ Unsure___.

If Yes, is there anything that you are aware of or told what happened during this missing time periods? **Explain in detail, using back of this sheet to explain your answer.**

23. Have you ever experienced any of the following: **(Check all that apply)**

- | | | | | | | |
|--|-----|-----|----|-----|--------|-----|
| a. Hear voices arguing in your head , commenting on or criticizing your actions | Yes | ___ | No | ___ | Unsure | ___ |
| b. Hear voices outside of you commenting on or criticizing your actions? | Yes | ___ | No | ___ | Unsure | ___ |
| c. Feel like your thoughts were controlled or produced by someone or something OUTSIDE of you | Yes | ___ | No | ___ | Unsure | ___ |
| d. Feel like your thoughts were controlled or produced by someone or something INSIDE of you | Yes | ___ | No | ___ | Unsure | ___ |
| e. Feel like your thoughts were being taken out of your mind ? | Yes | ___ | No | ___ | Unsure | ___ |
| f. Hear something or someone laughing in your mind ? | Yes | ___ | No | ___ | Unsure | ___ |
| g. Feel like there is another person or persons inside of you ? | Yes | ___ | No | ___ | Unsure | ___ |

24. Do you remember ever speaking about yourself as **we** or **us** or refer to yourself in the third person ? Yes___ No___.

25. Do you presently fear that **cracking up** or **losing it** is possible? Yes___ No___.
If Yes, explain in detail:

26. Have you ever done physically unsafe or self-damaging acts, (suicidal gestures, self-mutilation /cutting), had recurrent accidents, or going to places where you were attacked or often been involved in fights or abuse?
(Circle and explain the ones that apply to you)

27. Have you ever noticed certain items present or have appeared in your house where you live which you don't know where they came from or how they got there, e.g., clothes, shoes, jewelry, books, gifts, etc.? Yes___ No___ Unsure___.
If Yes. explain what you think happened:

28. Have you ever looked or read your old letters, notes or journal entries **that you have written** and noticed that **your handwriting** seems different, changes, or you don't recognize the writing? Yes__ No__ Unsure__.
If Yes, explain in detail why you think this happened:
29. Are there large parts of your childhood which you cannot remember? Yes__ No__ Unsure__.
If Yes, was it before 6 __ and or after age 10 __.
What and why did this happen to you?
30. Do you ever have periods when you feel unreal, as if in a dream or as if you're not really there?
If Yes, try to explain:
31. Do you ever have **feelings of being inside or outside your body** at times, that happen **suddenly like a flood**, sometimes painful; and sometimes may be accompanied by a picture that flashed in your mind?
Yes__ No__ Unsure__. **If Yes, explain in detail:**
32. Have you ever had a mental flashback, or a mental picture in your mind that was of a **person or a place**, that was familiar but somewhat frightening, a picture that was **stronger than just a thought and out of the ordinary** for you?
Yes__ No__ Unsure__. **If Yes, explain your answer in detail – and -- tell how it made you feel:**
33. Have you ever had a *picture* or *image* flash in your mind of something of a sexual nature that was STRONGER than just a thought? (it may or may not have been accompanied with fearful or sexual feelings)
Yes__ No__ Unsure__. **If Yes, please explain your answer in detail:**
34. Do you ever find yourself coming to an unfamiliar place, wide-awake, not sure how you arrived there and not sure what has been happening in the time prior to arriving there? Yes__ No__ Unsure__. **If Yes, explain in detail:**
35. Have you ever had an experience of leaving your body? Yes__ No__ Unsure__. **If Yes:**
- a. When?

 - b. Where?

36. Have you ever experienced seeing yourself from outside your body? Yes ___ No ___ Unsure ___. **If Yes:**
- a. When?

 - b. Where?

Part 6a: Spiritual Experiences - Influences

1. Have you experienced an influence, a force or a power, affecting your body **from outside you**?
Yes ___ No ___ Unsure ___. **If Yes, explain in detail:**
2. Did you ever see **dark shadows** or **dark figures** in your bedroom or closet as a child?
Yes ___ No ___ Unsure ___. **If Yes, describe what you saw or what effect it had on you?:**
3. Have you ever experienced the presence of **a spiritual being** in your bedroom, especially at night?
Yes ___ No ___ Unsure ___.
- a. If you did, what was the feeling you experienced when this presence was in the room? **Explain in detail:**

 - b. Did this presence touch you? Yes ___ No ___ Unsure ___. If so, **where? Explain in detail:**

 - c. Was there anything sexual about this experience or appearance? Yes ___ No ___ Unsure ___.
Explain in detail:

 - d. What did you do to stop it or make this being, figure or spirit leave? **Explain in detail**
4. Have you ever, had any extrasensory perception experiences such as: **(Check all that apply)**
- a. mental telepathy
 - b. seeing the future(s) while awake
 - c. moving objects with your mind
 - d. other extrasensory/spiritual type experiences (**describe in detail**)

5. Have you ever felt you were controlled or possessed by any of the following: **(Check all that apply)**

- a. a demon
- b. a dead person
- c. a living person
- d. some strange power or force

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Explain what you believe about this experience and what was it trying to do?

6. Have you ever had any contact with any of the following: **(Check all that apply)**

- a. ghosts
- b. poltergeists (cause noises or objects to move around)
- c. spirits of any kind

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

List all examples of what you experienced:

7. Have you ever seen a non-human form or image in your mind? Yes ___ No ___.

If Yes, explain what you experience in detail:

8. Did you ever visit or did your parents ever take you to a pow-wow healer, psychic healer, or shaman?

Yes ___ No ___ Unsure ___ **If Yes, circle who was visited and explain what happened:**

9. Have you ever prayed prayers to specifically renounce any of the practices in the previous question?

Yes ___ No ___ **If Yes, explain what type prayers you prayed:**

10. Have you ever been to a deliverance minister? Yes ___ No ___ **If Yes, please give the name of that minister and explain what happened when this person prayed for you. Explain in detail:**

11. Check the practices listed below that you have ever taken part in, even if it was just for fun:

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | 6th & 7th books of Moses |
| <input type="checkbox"/> | Automatic Handwriting |
| <input type="checkbox"/> | Blood pacts |
| <input type="checkbox"/> | Christian Science |
| <input type="checkbox"/> | Dungeons and Dragons |
| <input type="checkbox"/> | Eckankar |
| <input type="checkbox"/> | H.W. Armstrong |
| <input type="checkbox"/> | Horoscopes |
| <input type="checkbox"/> | Jehovah's Witness |
| <input type="checkbox"/> | Mind Reading |
| <input type="checkbox"/> | Palm reading |
| <input type="checkbox"/> | Psychic Powers |
| <input type="checkbox"/> | Satanic rituals |
| <input type="checkbox"/> | Sorcery |
| <input type="checkbox"/> | Tarot cards |
| <input type="checkbox"/> | Unification Church |
| <input type="checkbox"/> | Santeria |

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | Amulets |
| <input type="checkbox"/> | Black or white magic |
| <input type="checkbox"/> | Buddhism |
| <input type="checkbox"/> | Clairvoyance |
| <input type="checkbox"/> | E.S.T. |
| <input type="checkbox"/> | Edgar Cayce |
| <input type="checkbox"/> | Healing magnetism |
| <input type="checkbox"/> | Hypnosis |
| <input type="checkbox"/> | Karate |
| <input type="checkbox"/> | Mormonism |
| <input type="checkbox"/> | Power Crystals |
| <input type="checkbox"/> | Rod and Pendulum |
| <input type="checkbox"/> | Scientology |
| <input type="checkbox"/> | Soul Travel |
| <input type="checkbox"/> | Spiritist |
| <input type="checkbox"/> | T. M. |
| <input type="checkbox"/> | Tealeaf reading |
| <input type="checkbox"/> | Indian or spirit worship |

- | | |
|--------------------------|----------------------|
| <input type="checkbox"/> | Astral Projection |
| <input type="checkbox"/> | Black Rock Music |
| <input type="checkbox"/> | Channeling |
| <input type="checkbox"/> | Colorology |
| <input type="checkbox"/> | Eastern Star |
| <input type="checkbox"/> | ESP |
| <input type="checkbox"/> | Hexing |
| <input type="checkbox"/> | Incantations |
| <input type="checkbox"/> | Magic charming |
| <input type="checkbox"/> | New Age |
| <input type="checkbox"/> | Pow-wow healing |
| <input type="checkbox"/> | Rosicrucian's |
| <input type="checkbox"/> | Seance |
| <input type="checkbox"/> | Speaking in a trance |
| <input type="checkbox"/> | Table lifting |
| <input type="checkbox"/> | Telepathy |
| <input type="checkbox"/> | Voodoo |
| <input type="checkbox"/> | Yoga |

- | | |
|--------------------------|-----------------------|
| <input type="checkbox"/> | Astrology |
| <input type="checkbox"/> | Chi |
| <input type="checkbox"/> | Consulting a medium |
| <input type="checkbox"/> | Crystal gazing |
| <input type="checkbox"/> | Fortune-telling |
| <input type="checkbox"/> | Hinduism |
| <input type="checkbox"/> | Incubus/ Succubus |
| <input type="checkbox"/> | Metaphysics |
| <input type="checkbox"/> | Ouija Board |
| <input type="checkbox"/> | Masons |
| <input type="checkbox"/> | Psychic healing |
| <input type="checkbox"/> | Silva Mind Control |
| <input type="checkbox"/> | Spirit Guides |
| <input type="checkbox"/> | The Way International |
| <input type="checkbox"/> | Wart charming |
| <input type="checkbox"/> | Unitarian |
| <input type="checkbox"/> | Water divining |

Part 6b: Spiritual Experiences - Influences

1. Have you ever studied or been involved in Eastern religions, transcendental meditation or hypnosis, etc.? Yes_ No_.
If Yes, Explain in detail:
2. In the house or houses in **which you grew up**, were there ever any **supernatural occurrences** that could not be explained by ordinary reasonable explanation? Yes___ No___. **If Yes, how would you explain this occurrence?**
3. In the house in which you **presently live**, has there ever been any supernatural occurrences; occurrences that cannot be reasonably explained? Yes___ No___. **If Yes, how you would explain this occurrence:**
4. Was your parents' house built on a cemetery or Indian burial ground? Yes___ No ___ Unsure___.
5. Do you know if anyone ever cursed you or put a curse on your parents or parent's home?
Yes___ No___. **If Yes, explain what you understand happened:**
6. Were your parent or people in your family ever involved in any of the following: **(Check all that apply)**
- | | |
|--|--------------------------|
| a. the Mormons | <input type="checkbox"/> |
| b. the Masons, (Masonic Order, Blue Lodge, Rainbow Girls, Eastern Star | <input type="checkbox"/> |
| c. Jehovah Witnesses | <input type="checkbox"/> |
| d. A legalistic demanding church | <input type="checkbox"/> |
| e. Santeria | <input type="checkbox"/> |
| f. the occult, cults, psychic or non-Christian religious practices | <input type="checkbox"/> |
| g. an adulterous affair | <input type="checkbox"/> |
7. Was there any of the following in your parent's life, grandparent's life, great-grandparent's life? Yes___ No ___
Circle the ones that apply: divorce, poverty, rage, adultery, physical illnesses, mental illness, miscarried pregnancies, fortune telling, witchcraft, Satanism, doing psychic healing, addictive problems (alcohol, sex, drugs, food, etc.)
8. Do you know of or see any of the things circled above, happening in the children or grandchildren lives today?
Yes___ No ___ **If Yes, Explain what you see happening:**
9. Do you know or believe that you were dedicated as a baby or young child in a **strange family ceremony**, or taken to a strange or scary ceremony by a person in your family? Yes___ No___. **If yes, Explain in detail:**
10. Have you ever been involved in a ritualistic cult or satanic cult activities? Yes___ No___. **If Yes, Explain in detail:**

Part 7: Spiritual and Religious

1. What is your perception of God, i.e., **good and loving** or **judgmental, just waiting for you to fail**?
Circle the one that applies and explain:

2. Do you have trouble feeling close to God? Yes___ No___. **If Yes, explain:**

3. Can you relate to God as a good father? Yes___ No___. **If No, explain your answer:**

4. Have you ever been in a controlling or dominating church or under a controlling or dominating pastor?
Yes___ No___. **If Yes, explain what occurred:**

5. Do you find it hard to praise God? Yes___ No___. **If Yes, explain as best you can why this happens to you:**

6. In church are you tormented with foul/evil or blaspheming thoughts or mental torment? Yes___ No___.
If Yes, explain why this happens?

7. At times do you feel a strong impulse to run out of a church service? Yes___ No___.
If Yes, explain what you experience:

8. Do you have any trouble taking communion? Yes___ No___. **If Yes, explain what trouble you experience:**

9. When a pastor or priest talks about the meaning of communion, does that make you feel uncomfortable?
Yes___ No___. **If Yes, explain why you feel this way as best as you can:**

10. Do you have trouble when people in the church want to lay hands on you to pray for you? Yes___ No___.
If Yes, what do you experience when they do that?

11. When and where did you receive Jesus as your Lord and Savior? (John 1:12) Yes___ No___ Unsure___.
Explain in detail:

12. Please give a **brief** detailed description of your **conversion experience:**

13. Explain how ***you know*** that you truly received Jesus Christ as Lord and Savior?
14. Are you plagued by doubts about your salvation and if you were to die tonight, do you know for sure where you would spend eternity? Yes___ No___ Unsure___. **If Unsure, explain what you believe:**
15. Have you been baptized? Yes___ No___. If so, were you: sprinkled ___ immersed___?
16. Have you received the Baptism in the Holy Spirit? Yes___ No___.
If Yes, where and when? Explain your experience:
17. If you have received the Baptism in the Holy Spirit, explain how you know that you have received the baptism in the Holy Spirit?
18. Do you have regular devotions in the Bible by yourself and with others? Yes___ No___.
19. Are you in fellowship, a bible study group with other believers in Jesus? Yes___ No___.
If Yes, where and with who