TRULIFE MINISTRIES PERSONAL INFORMATION

Name	Date	
Name of Spouse		
Address		
CityS	tateZip	
Phone	Email	
Birth Date: Self	Spouse	
Marital Status:		
SingleEngagedMarriedWidowed_	SeperatedDivorced	
How Long?		
This is your marriage. This is you	spouse's marriage	
(no.)	(no.)	
Number of Children		
Name and ages of children (indicate if by previous marriage)		
OCCUPATIONAL INFORMATION Self: Employed? Yes No Type of work Name of Company Location Spouse: Employed? Yes No Type of work		
Name of CompanyLocation		
COUNSELING INFORMATION		
Church Affiliation	Member? YesNo	
Referred to TLM by		

Please state in your own words the problem you are having.	
What	have you done about the problem?
Are yo	ou open to God's solution?
	MEDICAL INFORMATION
1)	Are you presently under the care of any medical practitioner?
	If yes, for what condition?
2)	Are you currently taking any prescriptions or non-prescription drugs? If yes,
	please indicate type and amount
	
3)	Have you at any time been under the care of any mental health professional?
	If yes, when and for what problem?
4)	Are you aware of any physical problems, which impair your functioning?
	If yes, what is (are) the problem(s)?