

Please state in your own words the problem you are having. _____

What have you done about the problem? _____

Are you 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)? _____

