LIFECHANGE RESOURCES

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Family Life Mosaic Questionnaire Past to Present

Please type or use a dark pen when completing this form.

Counsellor's Name: _____

First appointment date: _____/_____/_____

First appointment time: ____:_____ A.M. / P.M.

For Office Use Only	**Date Received:** _____ **Notes:**

PURPOSE **The purpose of this life history is to obtain a comprehensive picture of your background. Please complete the form as fully and accurately as you can by yourself. If the completed life history is received before your actual appointment and reviewed by those who will be ministering to you, you will facilitate your counselling by saving time and expense. Your prayer minister will keep this record strictly confidential, and the information is not available to anyone without your written permission.**

(*A child or client who cannot read and write may be asked the questions by an adult and the person's answers written for them. **Information unknown to the child may be entered by an adult**.)

TODAY'S DATE: _____/_____/_____

By what name would you like to be called?_____

NAME_____ **PHONE (home): (_____)_____/_____**

FIRST MIDDLE LAST **PHONE (work): (_____)_____/_____**

CELL phone: (_____)_____/_____

STREET ADDRESS _____ **Apt:_____** **May we call you at work?** ❑ Yes ❑ No

FAX: (_____)_____/_____

MAILING ADDRESS _____ **E-MAIL**: _____

CITY_____ **STATE/PROV.**_____

COUNTRY_____ **ZIP/POSTAL CODE**_____ **-** _____

AGE:_____ **BIRTHDATE**:____/_____/_____

Emergency contact person (other than spouse)_____ **PHONE (home): (_____)_____/_____**

RELATIONSHIP_____ **PHONE (work): (_____)_____/_____**

STREET ADDRESS _____**Apt:_____**

Are you or were you in military service ❑ Yes ❑ No If yes, which branch of the military? _____

Religion/Denomination: _____ Place of Worship: _____

Worship Attendance (check one): ❑ Regular ❑ Occasional ❑ Not at All

I learned about or was referred to LIFECHANGE RESOURCES., by _____

I requested my prayer minister by name: ❑ Yes ❑ No

How strongly do you want help for your problem? (check one) ❑ Very much ❑ Moderately ❑ Could do without

I have talked about my problem with:

	Psychiatrist (M.D.)	Psychologist (Ph.D.)	Other Professional	Lay Counselors	Pastoral
Type of Counseling					
Number of Hours					

PLEASE BE BRIEF AND CONFINE YOUR ANSWERS ONLY TO THE SPACE PROVIDED.

NEED FOR COUNSELING: **State in your own words the nature of your concern.**

If your problem is cyclical or has a pattern to it, state approximately how often it occurs and how long it lasts.

If you have had previous counseling for this problem, state with whom and describe the outcome.

Have you ever been diagnosed with a mental illness or disorder? If so, please explain.

Has it ever been **suggested** you be tested for: a) □Bi-Polar b) Borderline Personality Disorder

c) □Dissociation/DID d) □Depression e) □Schizophrenia f) Other: _____

Comments

YOUR DESIRES

How do you hope to use your healing to bless others?

BEGINNINGS

Place a check mark in front of all that apply to you, or write the facts as they pertain to each item.

Place of Birth: _____ Weight at Birth: _____pounds _____ounces

I was born: ❒ on time ❒ late: How late? _____ ❒ premature: How premature? _____

❒ Delivered Caesarean Section
❒ I was a wanted baby. How do you know?
❒ I was adopted _____❒ days ❒ weeks ❒ months ❒ years after being born.

❒ Birth mother and natural father were **married to each other** before my conception

❒ Birth mother and natural father were **not happily married** during my time in the womb

❒ Natural father was gone much of the time while I was in the womb

❒ Medications or forceps had to be used for my delivery (difficult labor/delivery?)

❒ Birth mother and /or natural father were grieving the loss or potential loss of a loved one during my womb life

❒ Birth mother experienced **a previous miscarriage or abortion** before I was conceived

❒ Birth mother had a difficult **previous pregnancy**

❒ Birth mother had a difficult pregnancy **with me**. What made it difficult?
❒ Birth mother and natural father were struggling with difficulties of life while I was in the womb. If yes, what were they:

What is the story your family tells about your coming into the world?

What events in your early childhood were significant to you?

List the number of "times you moved" in your first 18 years of life.

Age:	From:	To:	Reason:

FAMILY DATA

Please be prepared to complete a genogram as one of your assignments during your time at LIFECHANGE. A genogram is a family tree, consisting of the names of your parents and your parents' parents, their experiences, key events, problems, religious practices, stories, etc.

List all of your brothers and sisters from oldest to youngest, **including yourself**. Please list in birth order, including any miscarriages, or abortions you know about.

Name	Sex	Age	Marital Status	Job	Brief Description
	M/F				
	M/F				
	M/F				
	M/F				
	M/F				
	M/F				
	M/F				
	M/F				

Describe your relationship to your brothers and sisters in childhood.

Describe the relationship to your brothers and sisters presently.

Who played together and why?

Have you ever lived with anyone other than your parents? ❑ Yes ❑ No

If yes, how old were you? _____ How long? _____

With whom did you live? _____ Why?

How would you describe the atmosphere of your childhood home?

Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc? If yes, why?

List any fearful or distressing experiences not previously mentioned:

HEALTH INFORMATION

Your present height: _____ weight: _____

List the number of hospitalizations or serious injuries you experienced in your first 18 years.

Incident:	Age Occurred:	Present Effects:

How do any of these health-related issues relate to your present problem?

List all prescription and non-prescription drugs you now take (include dosage):

When was the last time you felt well, both physically and emotionally, for a fair amount of time and why?

Were you ever bullied or given a nickname? If yes, by whom and why

Do you make friends easily? Do you keep them?

EDUCATIONAL HISTORY

School/College/University	**Major/Degree**	**Date Received:**

EMPLOYMENT HISTORY (List from most recent to earliest)

Job	**Type of work**	**Age**	**Left Because:**
1st			
2nd			
3rd			
4th			
5th			
6th			
7th			

How much money do you and your spouse earn? ❒ Under $20,000 ❒ Over $20,000 ❒ Over $75,000

Are you satisfied? ❒ Yes ❒ No

Do you enjoy your present job? ❒ Yes ❒ No If No, why?

What are your ambitions and aspirations?

SEX INFORMATION

What was the attitude towards sex in the home in which you grew up? How was it discussed or instructed?

At what age did you derive your knowledge of sex? _____ How did you learn?

When did you become aware of your sexual impulses? What happened?

Did you ever have any anxieties, guilt feelings or trauma arising out of:

- Masturbation? If yes, please explain:
- Sexual experience with the **opposite sex**? If yes, please explain:
- Sexual Experience with the **same sex** (homosexuality)? If yes, please explain:

Did anyone ever touch you inappropriately in a sexual way? If yes, please explain:

Menstrual History

Age at first period: _____
Were you informed, or did it come as a shock?
How did others respond to you?
Are you regular? ❒ Yes ❒ No Duration: _____
Do you have pain? ❒ Yes ❒ No
Do your periods affect your moods? How?
Are there any questions and/or concerns you have about sex, sexual experiences and/or sexual identity, past/present or future?

DESCRIBE YOUR PARENTS

Answers on this page describe the mother and father who took primary responsibility for rearing you. If either person is other than your biological (birth) parent, **please copy this page**, complete it for your biological parent/s and attach that page to the back of this life history

FATHER'S Name: Current age:	**MOTHER'S** Name: Current age:
Occupation before retiring:	
If deceased, what was the cause of death and their age? What was your age?	
His Personality	**Her Personality**
His Values	**Her Values**
Kind of home environment he provided	**Kind of home environment she provided**

Describe you Father's relationship with Mother?	Describe your Mother's relationship with Father?

Who was in charge? Who was the real head of the house?

Describe his relationship with the children?	Describe her relationship with the children?
How did he show love?	**How did she show love?**
What was his ambition for the children?	**What was her ambition for the children?**
Describe your ability to confide in him	**Describe your ability to confide in her**

(Continued) FATHER	MOTHER
Form of punishment he used	**Form of punishment she used**
As a child, what I liked about him	**As a child, what I liked about her**
As a child, what I disliked about him	**As a child, what I disliked about her**
Who was Dad's favorite child? Why?	**Who was Mom's favorite child? Why?**
Which child was most like him? Why?	**Which child was most like her? Why?**
Which child was most different from him? Why?	**Which child was most different from her? Why?**

Describe any problems with addictions and/or immorality **Describe any problems with addictions and/or immorality**

What is your Father's ethnic heritage? **What is your Mother's ethnic heritage?**

MARITAL INFORMATION

	Name of Spouse	Length of Engagement	Age when Married		Length of Marriage	Reason Why It Ended	# of Children from that Marriage
			You	Spouse			
1st Marriage							
2nd Marriage							
3rd Marriage							
4th Marriage							

PLEASE BE BRIEF AND CONFINE YOUR ANSWERS ONLY TO THE SPACE PROVIDED.

PRESENT MARRIAGE Anniversary Date: _____

What I liked the first few years:

What my spouse liked the first few years:

What I disliked the first few years:

What my spouse disliked the first few years:

What I have liked/disliked in the last few months:

What my spouse has liked/disliked in the last few months:

Place the letter "C" or "I" in each blank below as it applies to your present marriage.

C = Most Compatible I = Incompatible

_____	Value system	_____	Commitment to God	_____	Devotion to spouse	_____	Devotion to children
_____	Intellect	_____	Sleep requirements	_____	Financial planning	_____	Child discipline
_____	Energy level	_____	Food appetite	_____	Spending money	_____	Devotion to work
_____	Social time	_____	Exercise needs	_____	Parenting style	_____	Household duties
_____	Planning	_____	Sexual needs	_____	Recreational interests	_____	In-law relationships
_____	Goals	_____	Need for touch	_____	Educational preparation	_____	Hobbies
_____	Neatness	_____	Need for time alone	_____	Sensitivity to feelings	_____	Other _____
_____	Friends	_____	Conversation	_____	Spiritual growth	_____	Other _____

(Present Marriage, continued)

Give three specific examples of things you would like to see your spouse do more often **(particular things that mean something to you)**

Give three specific examples of things you would like to see your spouse stop doing **(three particular things that irritate you.):**

List the names of your children, from oldest to youngest. State if any of these children are from previous marriages, or adopted. **Also, in order of birth include any miscarriages or abortions**.

Name	**Sex**	**Age**	**Marital Status**	**Job**	**Brief Description**
	M/F				
	M/F				
	M/F				
	M/F				
	M/F				
	M/F				

PREVIOUS MARRIAGES

What I liked about him/her:

What I disliked about him/her:

What my previous spouse liked about me:

What my previous spouse disliked about me:

What ended the relationship?

PERSONAL AND FAMILY HEALTH Please place a check mark (✓) beside each listed item as it applies to you: S = self or your family: F = family.

S	F		S	F		S	F		S	F		S	F	
		inadequate			jaundice			alcoholism			guilt feelings			blood pressure problems
		anemia			abortions			smoker			miscarriages			P.M.S.
		allergies			asthma			shyness			fear of knives			suicidal thoughts
		lonely			flee worship			fantasy			wish born another time			blasphemous thoughts
		perfectionist			fear failure			drug abuse			Thumb-sucking			Suicide
		generous			ambitious			gambling			DES baby			feel ripped off
		dependent			pleaser			obsessive			dislike confrontation			financial problems
		unworthy			diarrhea			unable to relax			difficulty deciding			rheumatic fever
		constipation			underweight			anorexia			peacemaker			excessive exercise
		bulimia			secretive			compulsive			angry			arrested for crime
		obesity			body image worry			cravings			insecurity			lustful thoughts
		controlling			moody			sexual addiction			pornography			hepatitis [A][B]
		bedwetting			masturbation			venereal disease			bladder infections			bowel disturbances
		stammering			nail biting			panic attacks			flashbacks			Sleepwalking
		forgetful			intelligent			gifted [arts]			dizziness			unexplained muscle pain
		headaches			double vision			TMJ			blurred vision			accused of lying
		insomnia			suggestible			homosexuality			strange sensations			Fibromyalgia
		voice changes			daydream			hear voices			convulsions			uneven achievement in school
		blood diseases			hearing problems			time conscious			shaking/tremors			thyroid problems
		doubts			lost interest			worry			scars			orthopedic problems
		sinus problems			autism			grief			cancer			breathing problems

	depression		fatigue		heart disease		kidney problems		liver problems
	feel tense		stomach trouble		feel panic		paralysis		fear going to hell
	cold sores		nightmares		sexual problems		sees God as distant		poor work performance
	difficult to pray		High energy		frustration		bad home conditions		sees God as harsh
	low energy		easily annoyed		fear success		martyr		difficult to read Bible
	fear God		feel inferior		difficulty deciding		spiritual abuse		unable to hold boundaries
	verbal abuse		emotional abuse		mental retardation		fear travel		bad reaction to anesthetics
	arthritis		bitter		bullied as child		lack common sense		hard to tell right from wrong
	feel invisible		physical abuse		skin diseases		narcolepsy		difficulty deciding what to wear
	diabetes		brain injury		see life as good		can't express feelings		fear losing mind
	infertility		learning disability		see life as bad		flooded by feelings		fear will hurt others
	mental illness		dread weekends		not listened to		unhappy childhood		fear terminal illness
	dread vacations		dread holidays		happy childhood		tuberculosis		see moving shadows

SPIRITUAL EXPERIENCES

Please place a check mark beside each item in which you or your family members have participated.

Keys: **S** = self **F** = family (immediate) **G** = Generational (Father, mother, grandparents)

S	F	G	
			Animism
			Ancestral Worship
			Astral-projection
			Astrology
			Automatic writing
			Bahai
			Black/white magic
			Blood pacts
			Bloody Mary
			Buddhism
			Christian Science
			Clairvoyance
			Dowsing (water-witching)
			Drugs

S	F	G	
			New Age
			Ouija board
			Palm reading
			Pendulum & rod
			Reading tea leaves, etc.
			Rosicrucian
			Roy Masters
			Santeria
			Satanism
			Science of Creative Intelligence
			Science of the Mind
			Scientology
			Séance
			Shintoism

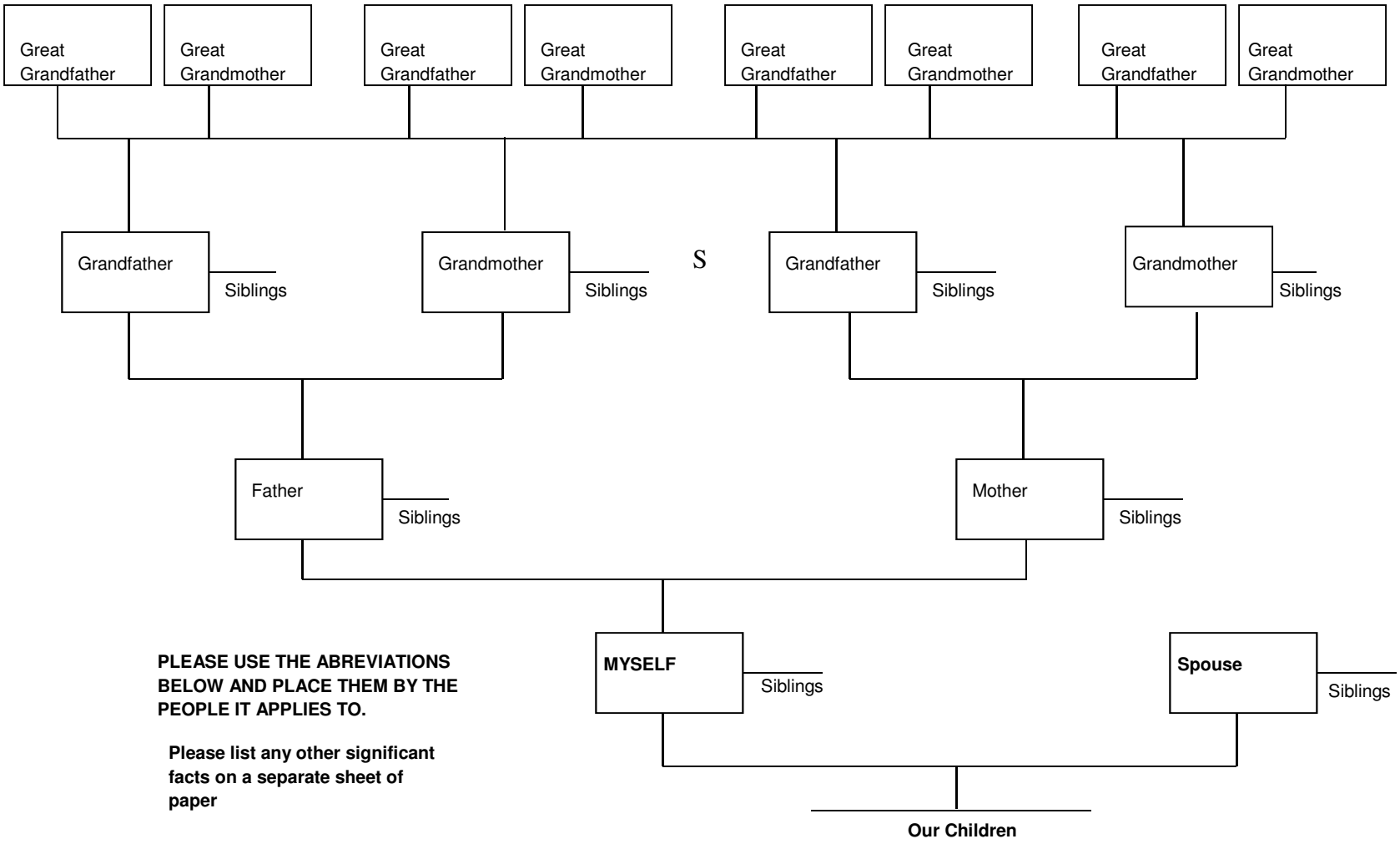
			Eckankar				Silva Mind Control
			EST				Spells
			Father Divine				Swedenborgianism
			Fetishism				Tarot cards
			Fortune telling				Telekinesis (i.e., table lifting)
			Ghosts				Telepathy
			Good Luck Charms				The “Local Church” **(the cult)**
			Hare Krishna				The Way International
			Hinduism				Theosophical Society
			Hypnosis				Trance speaking
			Incubi/succubae(sex spirits)				Transcendental Meditation
			Islam				Unification Church
			Jehovah’s Witness				Unitarianism
			Magic charming				Unity
			Masons (Freemasonry……				Voodoo
			Eastern Star, Demolay,				Wicca
			Job's Daughters, Shriners)				Witchcraft
			Materialization				Yoga
			Mind Control				Other:_____
			Mormonism				Other:_____

2/9/9

How have any of the items you have checked affected your life?

t were . . .

louse School of Healing Ministry Inc. (2013). *Life history questionnaire.* Retrieved from http:/www.elijahhouse.org



PLEASE USE THE ABREVIATIONS BELOW AND PLACE THEM BY THE PEOPLE IT APPLIES TO.

Please list any other significant facts on a separate sheet of paper

NOTABLE PROBLEMS

AA Substance Abuse (name substance)

AB Addictive Behavior

B Barrenness

D Deceased

DV Divorced

F/A Fear / Anxiety

FL Financial Loss / Poverty

FM Free Masonry

H/T Homosexual / Transsexual etc

I Incest

ID Infant Death/Miscarriage/stillborn/aborted

IP Infidelity /Sexual Promiscuity

M Committed Murder

MI Mental Illness

O Other (name)

P Prejudices

PA Physical Abuse

PD Premature Death

PI Physical/Chronic Illness

SA Sexual Abuse

S/O Satanic/Occult Involvement

SU Suicide

T Thievery

UG Unresolved Grief

V/AD Violent/Accidental death/murdered

Adapted from, P. (2012). *From Generation to generation: A manual for healing* (4th ed.) (p. 199). Generational Healing Ministries: Westport, MA.