



Client Personal Data Form and Application

- Please fill in as much data as possible on this form so we can carefully evaluate your needs and placement into the program. Additionally, please understand that we have limited space and while it is our greatest hope that we can provide mentoring to everyone that might not be possible. We will evaluate each applicant's needs and work our hardest to assist each person that applies.

Parent / Guardian Information (Mandatory if under 18)

Name _____ Phone _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Cell _____ Email _____

Applicant Information (Mandatory)

Name _____ Phone _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Cell _____ Email _____

Birthdate _____ Gender Male _____ Female _____ Age _____

School Attending _____ Grade _____ Years at this School _____

Hobbies _____

Do you have experience with horses or other animals? If yes, please describe briefly _____

Do you currently have a job? _____

How many siblings do you have? _____

Ages of siblings _____

Were you raised by someone other than your parents? _____

Who lives in your house? _____

Health History (Mandatory)

Have you ever had a severe emotional upset? Yes ____ No ____

Have you ever had any psychotherapy or counseling before? Yes ____ No ____

If yes, list the counselor or therapist and dates: _____

What was the outcome? _____

List any fears you have: _____

Place an "X" after any of the following words which best describe you now:

Active	<input type="checkbox"/>
Hardworking	<input type="checkbox"/>
Excitable	<input type="checkbox"/>
Shy	<input type="checkbox"/>
Leader	<input type="checkbox"/>
Lonely	<input type="checkbox"/>

Ambitious	<input type="checkbox"/>
Impatient	<input type="checkbox"/>
Imaginative	<input type="checkbox"/>
Fearful	<input type="checkbox"/>
Quiet	<input type="checkbox"/>
Self-conscious	<input type="checkbox"/>

Self-confident	<input type="checkbox"/>
Impulsive	<input type="checkbox"/>
Calm	<input type="checkbox"/>
Introvert	<input type="checkbox"/>
Inflexible	<input type="checkbox"/>
Bitter	<input type="checkbox"/>

Persistent	<input type="checkbox"/>
Moody	<input type="checkbox"/>
Serious	<input type="checkbox"/>
Extrovert	<input type="checkbox"/>
Submissive	<input type="checkbox"/>
Angry	<input type="checkbox"/>

Anxious	<input type="checkbox"/>
Often sad	<input type="checkbox"/>
Easy going	<input type="checkbox"/>
Likable	<input type="checkbox"/>
Sensitive	<input type="checkbox"/>

Approximately how many hours of sleep do you get a night? _____

When do you go to sleep at night? _____ When do you get up? _____

Rate your health: Very Good ____ Good ____ Average ____ Declining ____ Other _____

Your approximate weight: _____ Height: _____

Weight changes recently: Gained: _____ Lost: _____

List all important present and past illnesses, surgeries, injuries or handicaps: _____

Date of last medical exam: _____ What was the report _____

Name and address of your physician: _____

Are you currently taking any medications? Yes ____ No ____ If yes, please list: _____

Do you have any allergies? Yes ____ No ____ If yes, please list: _____

Have you used drugs for other than medical purposes? Yes ____ No ____ What? _____

Basic Questions (Mandatory)

Please briefly answer the following questions:

What is your understanding of the problem or your needs?

What steps have you taken to resolve the problem?

How would you like us to help you with this? (What are your expectations?)

What brings you here at this time?

Can you think of any other information we should know?

Religious Background (Optional)

Denominational Preference _____

What Church do you attend? _____ City: _____

Approximate number of church services you attend per month: _____

Do you believe in God? Yes ___ No ___ Uncertain ___

Do you pray to God? Yes ___ No ___ Occasionally ___

How much do you read the Bible? Often ___ Never ___ Occasionally ___

Does your family regularly read the Bible and pray together? Yes ___ No ___

Explain any recent changes in your religious life, if any _____