

# Patrick Callahan, M.A., L.M.H.C.

## Abundant Life Christian Counseling

212 NW 135th Way Ste 20, Newberry, FL 32669

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**The purpose of this introductory letter is to share with prospective clients—and other interested parties—who I am and what I do.**

Like most counselors, **my approach** to helping clients is **shaped by deeply held beliefs about** such things as **how problems occur, how changes are facilitated, and how emotional/relational health can be restored and maintained.**

**My beliefs** about these issues **are profoundly influenced by** my early embracing of **the Christian faith**, the reinforcing of the teachings of that faith through a Christian College education, and my ongoing efforts to harmonize my lifestyle with that faith. **My earlier college experience afforded me an opportunity to seek a Bachelor's Degree in liberal arts (Political Science) and a Master's Degree in Public Administration from the University of Florida in 1973.** After a productive career in public service, at age 50 I was called to make a significant career change to serve in **pastoral ministry**. After a several year apprenticeship, I was ordained as a minister of the gospel at The Family Church in Gainesville, Florida in April, 2000. In 2013, it was my privilege to refine my ministry calling through the seeking of a second **Master's degree in professional counseling through Liberty University.**

**Most** of my clients **select me** as their counselor **because they want to talk to someone who is able to integrate professional counseling with their own Christian world view.** Others, seeing life through a different lens, have nevertheless come to appreciate both the effectiveness of my approach and the respectfulness of the process.

As a Licensed Professional Counselor and a pastoral counselor of many years' experience, I am trained to address a wide range of individual and relational counseling needs. I have been deeply influenced by the long-term longitudinal research of the characteristics of successful marriage by John and Julie Gottman, and the highly successful therapeutic approach of Dr. Susan Johnson called Emotion Focused Therapy. I have completed Levels I, II and III training in the Gottman method and am recognized as an approved educator by the Gottman Institute in the 7 Principles for Making Marriage Work. I have also completed the Emotion Focused Therapy Externship and completed the Emotion Focused Therapy year long Core Skills Training. I am also a trained educator in the methods of Emerson Eggerichs' Love and Respect in marriage.

**The suggested fee for my counseling services is \$100 per 50-minute session.** Frequency of sessions will be determined jointly by counselor and client, weighing such factors as the nature of the problem, the client's motivation to make progress on out-of-session tasks, and available session time. Session frequency and the total number of sessions required can be significantly reduced for clients motivated to pursue supplemental reading and homework assignments outside of session.

I look forward to this opportunity to serve you with your counseling needs.

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**Confidential Adult Background Form**

**Personal Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip*

Phones: (\_\_\_\_) \_\_\_\_\_ [*home*] (\_\_\_\_) \_\_\_\_\_ [*work*] (\_\_\_\_) \_\_\_\_\_ [*cell*]

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Who Referred You To Us? \_\_\_\_\_

Payment for services can be accomplished by cash, check or credit card. If you intend to pay by credit card, please provide the following information:

Credit card number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Security Code: \_\_\_\_\_

\* There will be a transaction fee for credit card processing

**Reasons for Seeking Counseling**

What problems or difficulties bring you to counseling at this time?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate whether you, or someone else, motivated your initiation of counseling at this time. If strongly encouraged [or required] by someone else, please explain circumstances, and indicate what you expect or hope for from the visit or process: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give a brief history of the problems or difficulties prompting counseling at this time: include strategies you have utilized to try to resolve the problems and any previous experiences of seeking outside help to resolve the problems. Please include such details as when the problems first began, how they have evolved since first noticed, when they seem to be worse, and when they seem to be better:

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Please describe any important events or transitions experienced by your family over the past six to twelve months [changes in employment, changes of residence or school, illness, addition or loss of immediate or extended family member, changes in social network, changes of financial status, other significant events or changes]: \_\_\_\_\_

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What significant changes in mood or behavior have you noticed in yourself or in family members recently? Please explain:

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What difficult events have you experienced in the past? Please explain the effects you believe these have had on you and/or your family: \_\_\_\_\_

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## **Bio-Medical History**

Please describe your physical health at this time. Identify medical problems and their current status. Describe your personal sense of physical well-being, comfort, and vigor: \_\_\_\_\_

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Please provide history of any serious illnesses or accidents that you have experienced, beginning with childhood. Please indicate what long term effects you believe these have had [if any] on your physical or emotional health:

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Do you currently drink alcohol? If so, please describe type, amount, and frequency of use: \_\_\_\_\_

\_\_\_\_\_

Please describe any history of overuse: \_\_\_\_\_

\_\_\_\_\_

Do you currently use recreational drugs? If so, please describe type, amount, and frequency of use: \_\_\_\_\_

\_\_\_\_\_

Please describe any history of use:

\_\_\_\_\_

\_\_\_\_\_

Please list all prescription medications you are currently taking. Please indicate how long you have been taking them, current dosages, and what illness or symptom each is designed to treat:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any history of overuse of prescription medications: \_\_\_\_\_

\_\_\_\_\_

Please indicate whether you believe or suspect that the use of alcohol, recreational drugs, or prescription medication by a family member is contributing to problems presented for counseling: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give any other details, current or history [of a bio-medical nature], that might shed light on the problems presented for counseling: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Dating and Marriage**

In general, please describe your relationship with those of the opposite sex, since you reached adulthood [or earlier, if relevant]. Describe any serious problems or recurrent themes of difficulty in the relationships. Please indicate whether unresolved issues or ongoing problems with any past relationships are contributing to problems presented for counseling: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any previous marriages or significant periods of cohabitation in the past. Please give dates of duration and reasons for ending in each case: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your current marital status? \_\_\_ Married (and together) \_\_\_ Married (but separated)  
\_\_\_ Divorced \_\_\_ Widowed \_\_\_ Single \_\_\_ Single with partner

Any further clarification of relationship status that would be helpful: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your mate's age? \_\_\_\_\_ level of education? \_\_\_\_\_  
occupation? \_\_\_\_\_ religious affiliation?  
\_\_\_\_\_

Describe your period of dating/courtship prior to your current marriage. What drew you to your mate? What, if anything, troubled you? How open was your communication? How well did you know him or her prior to marriage? What solidified the decision to marry? How long did the relationship proceed prior to marriage? On what date were you married?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does your mate bring to the marriage that you most enjoy [personality characteristics, character traits, strengths, habits]? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does your mate bring to the marriage that you least enjoy [personality characteristics, character traits, weaknesses, habits]? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Children, Parenting, and Household Management**

Please give the names and ages of all children living in the household with you. For children who are not the biological offspring of both you and your mate, please indicate who is the biological parent, or whether the child is adopted, or placed through foster care or guardianship:

\_\_\_\_\_  
\_\_\_\_\_

Please describe any significant strains in relationship between any child named above and either or both parents: \_\_\_\_\_  
\_\_\_\_\_

Please identify anyone else [besides parents and children] living in the household with you.  
Please describe any benefits and/or strains this brings to relationship dynamics within the family:

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Please give the names and ages of all children not living in the household with you. These may include adult children, children for whom one spouse is not the primary residential parent, and children lost to the family unit through death:

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Please indicate how these children impact the functioning of the family unit. Your description may include financial impact, stresses of absent or part-time parenting, and emotional impact due to alienation or loss:

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Please describe any special needs of your children that impact family functioning [physical, mental, or emotional deficits; behavioral disorders, learning disabilities, etc.]: \_\_\_\_\_

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How are parenting responsibilities handled [nurturing and communication, guidance and limit setting, administration of discipline, oversight of homework, communication with school, attendance at functions, etc.]? Which parent does what for which children?

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How are household responsibilities [such as cooking, cleaning, maintenance, etc.] shared between the two parents, and among the children? \_\_\_\_\_

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Are any changes in the above two areas desired by either mate? If so, please detail: \_\_\_\_\_

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### **Family of Origin History**

Is your father living? \_\_\_\_\_ If yes, give age? \_\_\_\_\_ If no, date and age at death?

Is your mother living? \_\_\_\_\_ If yes, give age? \_\_\_\_\_ If no, date and age at death?

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Please provide the same information for any step-parent with whom you have had a significant relationship: \_\_\_\_\_

What was cause of death for any parent/step-parent? \_\_\_\_\_  
\_\_\_\_\_

Please describe your family unit/home growing up. You may include such observations as degree of closeness, level of structure, emotional climate, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give the name, age, marital status, and occupation of each of your siblings:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note any family or extended family history of emotional difficulties, nervous breakdowns, suicide, alcohol or drug abuse, or addictive or antisocial behaviors:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you suffer any physical, emotional, or sexual abuse growing up? \_\_\_\_\_  
\_\_\_\_\_

Please describe your relationship with each parent: during childhood, since leaving home, and at present [if still living]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the history of your mate's relationship with *your* parents:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any additional information about yours or your mate's family or extended family of origin [past or ongoing] that you believe might shed light on the problems that brought you to counseling. Identify any emotional cut-offs with parents or siblings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational/Employment History**

What is your level of education? If you attended or graduated from college or graduate school, please indicate field(s) of study and degree(s) earned [if any]: \_\_\_\_\_

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Are you currently employed? \_\_\_\_\_ If so, please describe what you do, how long you have been doing it, how many hours a week it requires, and the levels of stress and fulfillment it brings to you:

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If it were feasible to make changes within your current employment, return to the kind of work you most enjoyed in the past, or train for a different kind of career, what would you do, and why?

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### **Military History**

Have you ever served in a branch of the military? \_\_\_\_\_ If so, please indicate which branch, for how many years, highest rank earned, noteworthy events, and year and type of discharge:

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### **Personal/Social History**

What difficulties, if any, have you had with the legal system? \_\_\_\_\_

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What hobbies/activities/interests serve as sources of pleasure to you? \_\_\_\_\_

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To what community involvements or social organizations do you give your energies? \_\_\_\_\_

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What is your religious affiliation? \_\_\_\_\_ How often do you participate in its services or activities? \_\_\_\_\_ Please describe the level of importance your faith holds for you:

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Please identify those people whom you have felt very close to throughout your life. Your list can include parents, siblings, children, spouse(s), other relatives, teachers, friends, etc. Are you currently feeling the loss of any of these relationships because of death, divorce, emotional cut-off, or change in circumstances? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Finances**

Are financial issues a strain in the marital relationship? \_\_\_\_\_  
If so, please answer the following questions: Have you ever filed for bankruptcy? \_\_\_\_\_ If so, when? \_\_\_\_\_ Do you use a budget in financial planning? \_\_\_\_\_ Are family finances administered by one spouse, jointly, or in some other manner by the spouses? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Previous Counseling Experiences**

Please give a brief description of your help-seeking experiences in the past. Providing the approximate dates, duration of treatment, type of therapy, and helpfulness of each, will give the best picture of your experience with the counseling process: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Services Desired**

Which of the following do you think will be most helpful to you [you may check more than one]?

individual counseling  marital counseling  family counseling  group counseling  
 direction for changing specific behaviors  insight oriented counseling  evaluation  
for medication  other: \_\_\_\_\_  
\_\_\_\_\_

### **Other Provider or Agency Involvement**

Please identify any other Provider [psychiatrist, physician, psychotherapist, etc.] and/or Agency [social service, court, etc.] who is providing service concurrent with this counseling, and/or with whom you counselor will be expected to interact [Note: client must execute waiver for each provider or agency with whom communication is desired]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Additional Information**

Please attach a page to provide any additional information that may be helpful to your counselor.