



Last Name: _____

Life More Abundant Application

Date: _____ Session start date? _____

Name: _____ Birthdate _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____

Cell phone _____ E-mail _____

Emergency contact: _____

Check appropriate boxes: Single Married Separated Divorced

Do you have children? No Yes How many? _____

Are you a Christian? _____ For how long? _____

Current church affiliation: _____

• What brings you to this program?

• Do you believe you are addicted to sexual behaviors? Yes No I'm not sure

Please explain: _____

• When/how did you first realize that pornography, affairs, or other compulsive sexual behaviors were becoming a problem in your life?

• How frequently have you normally acted out? Daily Occasionally Binges

(over)

• Which of the following have you participated in and how often?

- | | | | | |
|----------------------------------|--------------------------------|--------------------------------|---------------------------------------|---------------------------------|
| Pornographic Magazines or Videos | <input type="checkbox"/> Never | <input type="checkbox"/> Daily | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Binges |
| Internet Pornography | <input type="checkbox"/> Never | <input type="checkbox"/> Daily | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Binges |
| Compulsive Masturbation | <input type="checkbox"/> Never | <input type="checkbox"/> Daily | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Binges |
| Phone Sex | <input type="checkbox"/> Never | <input type="checkbox"/> Daily | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Binges |
| Anonymous sex/Affairs | <input type="checkbox"/> Never | <input type="checkbox"/> Daily | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Binges |
| Strip clubs, massage parlors | <input type="checkbox"/> Never | <input type="checkbox"/> Daily | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Binges |
| Prostitutes | <input type="checkbox"/> Never | <input type="checkbox"/> Daily | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Binges |
| Other _____ | <input type="checkbox"/> Never | <input type="checkbox"/> Daily | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Binges |

• When was the last time you acted out and how? _____

• Do you have any other compulsive behaviors? (eg.alcohol, drugs, food, gambling, spending, work, etc.):

- Yes No If yes, please explain _____

• Have you ever seriously contemplated suicide? Yes No

• Have you ever been arrested for your sexual conduct? Yes No

• Are you currently receiving ongoing pastoral or professional counseling? Yes No
If so, are you willing to sign a "release of information" form to coordinate therapy and this group? Yes No

• Are you currently receiving help from a healing ministry, recovery group, or support group? Yes No
If so, with whom and why? _____

• Have you attended a support group (or sexual addiction program) in the past? Yes No
If so, please explain your experience: _____

• Describe the people in your life who know about your struggles and are supportive to you in your situation:

Return application and payment to: Bruce & Janet Wheeler, 2106 Utter St., Bellingham, WA 98225