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Canonical Forms and Supporting Documents for Medical and Mental Health Examinations in The Episcopal Church:

An Introduction

The Canons of The Episcopal Church state that The Church Pension Fund (CPF) will prepare forms for the medical, psychological and psychiatric examination of applicants for Holy Orders.¹ The attached materials are an updated response to this mandate and include the forms "prepared by The Church Pension Fund" as called for in the Canons. These canonical and supporting documents supersede any previous forms and are available for immediate use. They take into account Title III revisions made at the 74th General Convention in 2003.

In addition to promulgating the forms, The Church Pension Fund seeks to clarify the scope, standards and procedures for the clinical screening of those presenting themselves for Holy Orders. In addition to the canonical documents, please find several supporting documents that guide the clinical interview and clarify issues of informed consent. These documents combine the best of national standardization with local practice in discerning potential impediments to ordained ministry.

Included among the attachments please find the following forms:

- Life History Questionnaire (LHQ);
- Behavioral Screening Questionnaire (BSQ);
- Authorization and Release model forms;
- Psychologist/Psychiatrist Evaluation canonical form; and
- Medical Examination canonical form.

These electronic documents enable the applicant to download the forms and key in information. They can be emailed to the examiner, or they can be printed, signed and sent by standard mail.

A Brief History

According to White and Dykman, the Canons of the Episcopal Church first required the medical screening of applicants for Holy Orders in 1919.² The Canons stated that the Applicant must be examined by a physician "before his admission as a postulant; this examination to cover his mental, nervous, and physical condition." Later, in 1937, the Canons first articulated a role for The Church Pension Fund: the Postulant's "examination shall cover the man's mental and nervous as well as his physical condition. The form of medical report prepared by The Church Pension Fund shall be used for this purpose." Although the language has been changed from time to time, the Canons continue to address CPF's role in promulgating forms for postulants, deacons, clergy ordained from other denominations and bishops-elect.

¹ See, respectively, Canon III.6.1, Canon III.8.2, Canon III.12.1 and Canon III.16.3.

² See White and Dykman, *Annotated Constitutions and Canons*, 1981 revision, p. 506ff.

Why The Church Pension Fund? For many years, our defined benefit pension program has allowed disabled clergy to retire from active ministry with projected credited service. As a practical matter, the Fund has used a Medical Board, composed of physicians and senior management, to certify ongoing, continuing disability. A number of clergy have applied for disability within the first years of their professional ministry, raising questions about original fitness for ordination. In preparing the medical and mental health screening forms, therefore, CPF has used insights from its disability management experience to prepare the documents included in this package.

More recently, CPF's subsidiary, The Church Insurance Company, has been called upon to defend casualty claims alleging negligent selection, retention, and supervision of Church leaders. From a risk management perspective, thorough and standard clinical evaluations documenting competent selection reduce liability concerns for Church institutions.

Purpose of Medical, Psychiatric, and Psychological Examination

Clinical screening for the four categories named in the Canons is part of *ordination* ('*acceptance*,' in the case of Canon III.12.1) discernment, not an employment process. As such, the clinical evaluations compliment the endorsing work of the bishop and Commission on Ministry. While respecting personal idiosyncrasy, cross-cultural and personal adaptation, clinical screening addresses relevant issues of overall health, personal insight and adaptation. The mental health evaluation also addresses the absence or presence of long-standing character and conduct disorders. Serious impediments, whether or not they are corroborated by other Commission on Ministry information, should delay or rule out further participation in an ordination process. Less serious impediments, such as low-grade depression, should be monitored closely during subsequent training and deployment.

Although ordained ministry is a privilege and not an entitlement, clinical screening aims to balance personal rights to privacy with diocesan needs for disclosure. Psychiatric and psychological screening addresses this boundary when clinicians convey to the diocese only that which might affect professional functioning. For example, a history of early psychological trauma would be relevant to the Church only if a clinician regards it as an unresolved conflict causing the applicant current impairment or dysfunction.

Psychiatric Assessment or Psychological Assessment?

The Church Pension Fund forms presume professional parity for M.D. psychiatrists and Ph.D. clinical psychologists³ to conduct mental health evaluations. Recognizing that clinical resources vary widely in different parts of the country, the Fund hopes this clarification will enable dioceses to recruit a panel of the best clinicians from either discipline. These guidelines also presume that a psychiatrist will evaluate any applicant with a prior history of major psychiatric illness or the use of psychotropic medication.

Other mental health professionals may play a complementary role in the evaluation. For example, a diocese may request that a marriage and family therapist meet with all couples or single parents in the ordination process. Such examination, however, should be considered secondary to the primary examination by a qualified psychiatrist or clinical psychologist.

³ Psychologists are herein defined as graduates of doctoral training programs in clinical psychology accredited by the American Psychological Association.

The CPF forms do not address the precise timing of the clinical exams within the ordination discernment process.⁴ Some dioceses choose to conduct this examination early in the process with the practical result of additional expense. Other dioceses wait until other ecclesiastical reviews have run their course. Earlier clinical examination minimizes the risk of ignoring problematic reports in favor of non-clinical intuitions about a 'known' aspirant.

Finally, some dioceses instruct the clinicians to send reports directly to the applicant, who conveys them the diocese only if he or she chooses to proceed. Most dioceses instruct clinicians to send reports directly to the bishop without a copy to the aspirant. The former option gives the aspirant a sense of control or privacy regarding a problematic report, but it may decrease the evaluator's candor. The latter option may increase clinical candor at the risk of the aspirant's feeling exposed and out of the communication loop.

The Life History Questionnaire (LHQ)

The Life History Questionnaire is a clinical self-assessment document that forms the basis for a structured clinical interview by the diocese's designated psychiatrist or psychologist. It should be completed by the applicant and mailed to the designated clinician with sufficient time for the clinician to review it before any face-to-face meeting. The LHQ remains part of the clinician's medical record, but is **not** conveyed to the diocese. Only information pointing to potential impediments, along with information gleaned from the formal interview, is transmitted as part of the clinician's formal evaluation.

The LHQ condenses family history, current interpersonal relationships, prior psychiatric history, alcohol/substance abuse concerns and current mental status to focus the content of the clinical interview. It allows the clinician and applicant to focus efficiently on areas of potential concern. It helps the examiner to focus his/her inquiry on areas of greatest clinical concern to the Church.

Again, detailed information is forwarded by the clinician to the diocese only when it supports a concern about impediments to current or future professional functioning.

Behavioral Screening Questionnaire (BSQ)

The Behavioral Screening Questionnaire is both a clinical and a risk management document. As such, a completed BSQ should be submitted both to the clinician (with the LHQ) and to the diocese as a formal part of the applicant's record.

The BSQ focuses on a history of the applicant's behavior and conduct in areas such as professional discipline, ethics violations, sexual misconduct and breaches of fiduciary duty. The BSQ serves as a standard document in which all applicants are required to disclose relevant information. The clinician uses this information to assess potential underlying disorders. The diocese uses the document, among other things, to reduce negligent selection concerns.

Subsequent Mental Health Examination

The revisions to Title III made at the 74th General Convention in 2003 reduced the number of mental health examinations required prior to ordination for Deacon and Priests from two to one, except when the original evaluation is more than 36 months prior to ordination or when the bishop requests additional examination. The Pension Fund strongly recommends that careful

⁴ The revised Canons (2003), however, require additional clinical examination when the original exam is more than 36 months before ordination.

evaluation (using the LHQ and BSQ) take place early in the formal discernment process. It also recommends that a brief examination precede ordination itself, ideally with the original examiner. The pre-ordination exam should include updated versions of the LHQ and BSQ and should focus on subsequent transition and themes arising during professional formation.

Authorization and Release Forms

The Authorization and Release forms provide a model consent process that gives formal permission to conduct sensitive examinations. The forms allow clinicians and diocesan officials to communicate among themselves, with one another and, perhaps, future dioceses that might screen the individual. Also, the forms release all parties from liability for good-faith actions relating to the medical, psychological and psychiatric screening of applicants for ordained ministry.

There are two different model forms. They differ only in their recognition that some dioceses request that clinicians send material directly to the applicant before possible conveyance to the diocese, while other dioceses allow communication only between clinicians and the bishop's office.

The Authorization and Release forms address the balance between individual privacy and disclosure to the diocese. They attempt to standardize and simplify the consent process. Dioceses should feel free to adapt this model document to local circumstance.

Medical Examination Forms

This binder also includes a form for the medical examination of those presenting themselves for Holy Orders. This form, last revised in 1995, addresses the applicant's physical state of health and the areas that may affect professional functioning in the Church. The enclosed medical form includes a Release of Medical Information clause and should be used, therefore, instead of the 1995 form. Mental health screeners may wish to review the completed medical forms to provide additional perspective to their own findings. At the diocese's direction, the forms may be completed either by the applicant's own physician or by a doctor appointed by the Church.

Conclusion

As with any review, the ultimate quality of clinical screening relies heavily upon the local clinician(s). While CPF forms attempt to standardize the areas of investigation and the Church's expectations of the clinicians, the actual results of clinical screening are determined by the competence, experience and mandate conveyed to the diocese's local clinicians.

The Church Pension Fund intends the enclosed documents to clarify the role and increase the quality of clinical screening in the Episcopal Church. It views these documents as evolutionary in nature and subject to continuing refinement. Hence, it welcomes your questions and ongoing perspective. Please address your responses to the Rev. David M. Rider at The Pension Fund, at:
445 Fifth Avenue
New York, NY 10016
(800) 223-6602 X 413
drider@cpg.org

DOCUMENT WORK FLOW

PREPARATORY DOCUMENTS

TAB 3

Life History Questionnaire (LHQ)

Status: Strongly recommended
Completed by: Applicant
Sent to: Psychiatrist (M.D.) or Clinical Psychologist (Ph.D.)

TAB 4

Behavioral Screening Questionnaire (BSQ)

Status: Strongly recommended
Completed by: Applicant
Sent to: Psychiatrist (M.D.) or Clinical Psychologist (Ph.D.)

TAB 5

Authorization and Release to Diocese

Status: Strongly recommended
Completed by: Applicant
Sent to: Diocese and examining clinician(s)

OR

TAB 6

Authorization and Release to Applicant Only

Status: Strongly recommended
Completed by: Applicant
Sent to: Diocese and examining clinician(s)

DOCUMENT WORK FLOW

CANONICAL DOCUMENTS

TAB 7

Required Mental Health Evaluation from Psychiatrist or Clinical Psychologist

Status: Required
Completed by: Psychiatrist (M.D.) or Clinical Psychologist (Ph.D.)
Sent to: Diocese

TAB 8

Required Medical Examination

Status: Required
Completed by: Medical Doctor
Sent to: Diocese

LIFE HISTORY QUESTIONNAIRE*

Applicants for Holy Orders receive this questionnaire for self-examination and preparation for the mental health evaluation required by the Canons of the Episcopal Church. This completed, confidential document is conveyed by the applicant directly to the mental health professional(s) conducting the clinical examination in whose custody it exclusively remains.

The examiner's conclusions following clinical examination are based upon a wide variety of test and interview responses. No individual question in this document determines the outcome of the clinical interview. Rather, the LHQ serves as a comprehensive foundation for the structured clinical interview. The examiner's final impressions, based in part upon this document and the clinical interview, form the basis of the Required Mental Health Evaluation Report Summary.

* Like other parts of the discernment process, this evaluation addresses the impact of previous and current life issues upon one's readiness for ordained ministry. This document, combined with the clinical interview, provides the applicant with an opportunity to discuss personal life and vocational goals in context with one's life history. This document, once completed, remains a part of the clinician's file and is not delivered to the diocese.

DIRECTIONS: This questionnaire contains a series of items regarding your background, experiences, and beliefs. Please read each question carefully. For each question, type a response. For some items, you will be asked to type your answer in the space following each question. Other confidential questions will require you to check a response option for your answer.

DO NOT skip items. If a question does not apply to you, type "*Does Not Apply*" or "N/A."

If you opt to handwrite this questionnaire, please use an **INK PEN**.

If you need additional space for an answer, please use the blank pages at the end of this questionnaire.

IDENTIFYING INFORMATION

Name (Last, First, MI):

Today's Date:

Current Address:

Birthdate:

City, State, Zip:

Age:

Telephone Number(s):

SSN:

Sponsoring Diocese:

Social/Marital Status

- 3

7. Are you currently under the care of a physician for any medical condition(s)? ☐ Yes ☐ No
If "YES," please describe the condition(s) briefly:

8. Generally speaking, how is your mental health **RIGHT NOW**? Mark your response using the list below:

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Failing | <input type="checkbox"/> Average | <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Very Poor | <input type="checkbox"/> Above Average | |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Good | |
| <input type="checkbox"/> Below Average | <input type="checkbox"/> Very good | |

9. Describe any present day life circumstances causing you distress including stressful life events and/or stressful roles.

10. Are you currently under the care of a mental health provider for any reason? ☐ Yes ☐ No
If "YES," please describe briefly:

11. Review the following list of problems. Mark any problems that may pertain to you in the present, past, or both.

Past	Present		Past	Present	
<input type="checkbox"/>	<input type="checkbox"/>	Nervousness	<input type="checkbox"/>	<input type="checkbox"/>	Depression
<input type="checkbox"/>	<input type="checkbox"/>	Fears	<input type="checkbox"/>	<input type="checkbox"/>	Headaches
<input type="checkbox"/>	<input type="checkbox"/>	Shyness	<input type="checkbox"/>	<input type="checkbox"/>	Tiredness
<input type="checkbox"/>	<input type="checkbox"/>	Finances	<input type="checkbox"/>	<input type="checkbox"/>	Separation
<input type="checkbox"/>	<input type="checkbox"/>	Divorce	<input type="checkbox"/>	<input type="checkbox"/>	Drug Use
<input type="checkbox"/>	<input type="checkbox"/>	Friends	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Use
<input type="checkbox"/>	<input type="checkbox"/>	Memory	<input type="checkbox"/>	<input type="checkbox"/>	Extreme Fatigue
<input type="checkbox"/>	<input type="checkbox"/>	Anger	<input type="checkbox"/>	<input type="checkbox"/>	Sleep
<input type="checkbox"/>	<input type="checkbox"/>	Unhappiness	<input type="checkbox"/>	<input type="checkbox"/>	Making Decisions
<input type="checkbox"/>	<input type="checkbox"/>	Self-control	<input type="checkbox"/>	<input type="checkbox"/>	Inhibited Sexual Desires
<input type="checkbox"/>	<input type="checkbox"/>	Ambition	<input type="checkbox"/>	<input type="checkbox"/>	Suicidal Thoughts
<input type="checkbox"/>	<input type="checkbox"/>	Inferiority Feelings	<input type="checkbox"/>	<input type="checkbox"/>	Concentration
<input type="checkbox"/>	<input type="checkbox"/>	Bowel Troubles	<input type="checkbox"/>	<input type="checkbox"/>	Stress
<input type="checkbox"/>	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Temper
<input type="checkbox"/>	<input type="checkbox"/>	Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	Career Choices
<input type="checkbox"/>	<input type="checkbox"/>	Loneliness	<input type="checkbox"/>	<input type="checkbox"/>	Relaxation
<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	Health Problems
<input type="checkbox"/>	<input type="checkbox"/>	Contraception	<input type="checkbox"/>	<input type="checkbox"/>	Marriage
<input type="checkbox"/>	<input type="checkbox"/>	Education	<input type="checkbox"/>	<input type="checkbox"/>	School
<input type="checkbox"/>	<input type="checkbox"/>	Parenting	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Trouble
<input type="checkbox"/>	<input type="checkbox"/>	Children	<input type="checkbox"/>	<input type="checkbox"/>	Sadness
<input type="checkbox"/>	<input type="checkbox"/>	Work	<input type="checkbox"/>	<input type="checkbox"/>	Legal Matters
<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	My Thoughts
<input type="checkbox"/>	<input type="checkbox"/>	Guilt Feelings	<input type="checkbox"/>	<input type="checkbox"/>	Energy (Increased or Decreased)
<input type="checkbox"/>	<input type="checkbox"/>	Relationships	<input type="checkbox"/>	<input type="checkbox"/>	Appetite (Increased or Decreased)
<input type="checkbox"/>	<input type="checkbox"/>	Crying Episodes	<input type="checkbox"/>	<input type="checkbox"/>	Intrusive or Unwanted Thoughts
<input type="checkbox"/>	<input type="checkbox"/>	Impotence	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness/Fainting
<input type="checkbox"/>	<input type="checkbox"/>	Muscle Aches	<input type="checkbox"/>	<input type="checkbox"/>	Decreased/Increased Sexual Interest
<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Other

Add comments regarding any problems you may have marked above:

12.	What is your personal annual income from all sources? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Under \$15,000 <input type="checkbox"/> \$15,000 -- \$24,999 <input type="checkbox"/> \$25,000 -- \$39,999 <input type="checkbox"/> \$40,000 -- \$49,999 <input type="checkbox"/> \$50,000 -- \$59,999 </div> <div style="width: 45%;"> <input type="checkbox"/> \$60,000 -- \$74,999 <input type="checkbox"/> \$75,000 -- \$99,999 <input type="checkbox"/> \$100,000 -- \$150,000 <input type="checkbox"/> Over \$150,000 per year </div> </div>
13.	What is your current occupational status? <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Unemployed </div> If "Employed," please complete the following: Current Employer: _____ Position Title: _____ Date Hired: _____
14.	To whom are you responsible in your current position: Supervisor's Name: _____ Title: _____
15.	Have you encountered any problems in this or prior professional relationships? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," please describe: <div style="height: 60px;"></div>
16.	How have you asked for help within your present job? <div style="height: 60px;"></div>
17.	What kinds of people give you the most difficulty in your current position? <div style="height: 60px;"></div>
18.	Describe the type of work you enjoy the most. <div style="height: 60px;"></div>
19.	Describe the type of work you enjoy the least. <div style="height: 60px;"></div>

Family/Social/Developmental History**Father:**

20. Father's Name: _____
Date of Birth: _____ Age: _____ (If deceased, complete Item 21, otherwise go to Item 22.)
Ethnic Background: _____
Nature of Employment/Profession: _____

21. If your father is not alive, please answer the following questions:

- a. Year of his death: _____ c. Your age at his death: _____
b. His age at death: _____ d. Cause of death: _____

22. I consider the following to have been true of my father while I was a child. (Mark all that apply.)
- | | |
|--|--|
| <input type="checkbox"/> Home very little, absent | <input type="checkbox"/> Home almost always, present |
| <input type="checkbox"/> Powerless, victim, target, helpless | <input type="checkbox"/> Powerful, capable, independent |
| <input type="checkbox"/> Sad, blue, pessimistic | <input type="checkbox"/> Optimistic, cheerful, hopeful |
| <input type="checkbox"/> Poorly read, uninformed | <input type="checkbox"/> Well-read, informed |
| <input type="checkbox"/> Uneducated | <input type="checkbox"/> Well-educated |
| <input type="checkbox"/> Thoughtless, shallow, superficial | <input type="checkbox"/> Thorough, substantial, thoughtful |
| <input type="checkbox"/> Inconsistent, easily upset, unstable | <input type="checkbox"/> Stable, calm, consistent |
| <input type="checkbox"/> Chaotic, unstable, unreliable | <input type="checkbox"/> Reliable, stable, orderly |
| <input type="checkbox"/> Closed, controlling | <input type="checkbox"/> Trusting, open |
| <input type="checkbox"/> Overly critical | <input type="checkbox"/> Esteem building or enhancing |
| <input type="checkbox"/> Rigid rules, restrictive | <input type="checkbox"/> Permissive, flexible rules |
| <input type="checkbox"/> Spanked, beat, hit, slapped, whipped | <input type="checkbox"/> Rarely disciplined physically |
| <input type="checkbox"/> Criticism, guilt, loss of love, shame | <input type="checkbox"/> Rarely disciplined emotionally |
| <input type="checkbox"/> Cold, distant, unavailable | <input type="checkbox"/> Available, warm, close |
| <input type="checkbox"/> Intrusive, disrespectful | <input type="checkbox"/> Respectful, considerate |
| <input type="checkbox"/> Critical, conditional | <input type="checkbox"/> Supportive, accepting |
| <input type="checkbox"/> Dishonest | <input type="checkbox"/> Especially honest |
| <input type="checkbox"/> Difficult for me to confide in | <input type="checkbox"/> Easy for me to confide in |
| <input type="checkbox"/> Difficult for me to respect | <input type="checkbox"/> Easy for me to respect |
| <input type="checkbox"/> Tense, worried, unsure | <input type="checkbox"/> Sure, secure, confident |
| <input type="checkbox"/> Passive, meek, timid | <input type="checkbox"/> Assertive, bold |
| <input type="checkbox"/> Self-centered, self-indulgent | <input type="checkbox"/> Generous, empathic |
| <input type="checkbox"/> In ill health or injured | <input type="checkbox"/> Always in good health |
| <input type="checkbox"/> Mis-used alcohol | <input type="checkbox"/> Drank none or very little |
| <input type="checkbox"/> Mis-used street drugs | <input type="checkbox"/> Used none or very little street drugs |
| <input type="checkbox"/> Mis-used medications | <input type="checkbox"/> Used medications only as prescribed |
| <input type="checkbox"/> Legal problems: _____ | |
| <input type="checkbox"/> Employment problems: _____ | |
| <input type="checkbox"/> Financial problems: _____ | |
| <input type="checkbox"/> Fidelity problems: _____ | |
| <input type="checkbox"/> Sexual problems: _____ | |
| <input type="checkbox"/> Marital problems: _____ | |
| <input type="checkbox"/> Other problems: _____ | |

23. What kind of person was your father?

24. Describe your relationship with your father:

25. Describe your earliest memory of your father:

26. Please describe any substitute paternal influences throughout childhood/adolescence (e.g., stepfather, adopted father, "surrogate" father).

Mother:

27. Mother's Name: _____

Date of Birth: _____

Age: _____

(If deceased, complete Item 28, otherwise go to Item 29.)

Ethnic Background: _____

Nature of Employment/Profession: _____

28. If your mother is not alive, please answer the following questions:

a. Year of her death: _____ c. Your age at her death: _____

b. Her age at death: _____ d. Cause of death: _____

29. I consider the following to have been true of my mother while I was a child. (Mark all that apply.)
- | | |
|--|--|
| <input type="checkbox"/> Home very little, absent | <input type="checkbox"/> Home almost always, present |
| <input type="checkbox"/> Powerless, victim, target, helpless | <input type="checkbox"/> Powerful, capable, independent |
| <input type="checkbox"/> Sad, blue, pessimistic | <input type="checkbox"/> Optimistic, cheerful, hopeful |
| <input type="checkbox"/> Poorly read, uninformed | <input type="checkbox"/> Well-read, informed |
| <input type="checkbox"/> Uneducated | <input type="checkbox"/> Well-educated |
| <input type="checkbox"/> Thoughtless, shallow, superficial | <input type="checkbox"/> Thorough, substantial, thoughtful |
| <input type="checkbox"/> Inconsistent, easily upset, unstable | <input type="checkbox"/> Stable, calm, consistent |
| <input type="checkbox"/> Chaotic, unstable, unreliable | <input type="checkbox"/> Reliable, stable, orderly |
| <input type="checkbox"/> Closed, controlling | <input type="checkbox"/> Trusting, open |
| <input type="checkbox"/> Overly critical | <input type="checkbox"/> Esteem building or enhancing |
| <input type="checkbox"/> Rigid rules, restrictive | <input type="checkbox"/> Permissive, flexible rules |
| <input type="checkbox"/> Spanked, beat, hit, slapped, whipped | <input type="checkbox"/> Rarely disciplined physically |
| <input type="checkbox"/> Criticism, guilt, loss of love, shame | <input type="checkbox"/> Rarely disciplined emotionally |
| <input type="checkbox"/> Cold, distant, unavailable | <input type="checkbox"/> Available, warm, close |
| <input type="checkbox"/> Intrusive, disrespectful | <input type="checkbox"/> Respectful, considerate |
| <input type="checkbox"/> Critical, conditional | <input type="checkbox"/> Supportive, accepting |
| <input type="checkbox"/> Dishonest | <input type="checkbox"/> Especially honest |
| <input type="checkbox"/> Difficult for me to confide in | <input type="checkbox"/> Easy for me to confide in |
| <input type="checkbox"/> Difficult for me to respect | <input type="checkbox"/> Easy for me to respect |
| <input type="checkbox"/> Tense, worried, unsure | <input type="checkbox"/> Sure, secure, confident |
| <input type="checkbox"/> Passive, meek, timid | <input type="checkbox"/> Assertive, bold |
| <input type="checkbox"/> Self-centered, self-indulgent | <input type="checkbox"/> Generous, empathic |
| <input type="checkbox"/> In ill health or injured | <input type="checkbox"/> Always in good health |
| <input type="checkbox"/> Mis-used alcohol | <input type="checkbox"/> Drank none or very little |
| <input type="checkbox"/> Mis-used street drugs | <input type="checkbox"/> Used none or very little street drugs |
| <input type="checkbox"/> Mis-used medications | <input type="checkbox"/> Used medications only as prescribed |
| <input type="checkbox"/> Legal problems: _____ | |
| <input type="checkbox"/> Employment problems: _____ | |
| <input type="checkbox"/> Financial problems: _____ | |
| <input type="checkbox"/> Fidelity problems: _____ | |
| <input type="checkbox"/> Sexual problems: _____ | |
| <input type="checkbox"/> Marital problems: _____ | |
| <input type="checkbox"/> Other problems: _____ | |
30. What kind of person was your mother?
31. Describe your relationship with your mother:

32.	Describe your earliest memory of your mother:
33.	Please describe any substitute maternal influences throughout childhood/adolescence (e.g., stepmother, adopted mother, "surrogate" mother).
Marital Status of your Parents:	
34.	Are your parents married, separated, divorced, or widowed? If they are separated or divorced, please describe the circumstances, including when they were divorced or how long any separation(s) have been.
35.	Describe the <i>current</i> nature of your parents' relationship to each other.
36.	Describe your parents' relationship to each other <i>while you were growing up</i> .
37.	Were you raised by your parents? If not, by whom were you raised?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Siblings

38. List all siblings from eldest to youngest (including any who may have died).

Sibling Name	Age/ Deceased	Current Location of Residence	Marital Status	Employment Status
a.				
b.				
c.				
d.				
e.				
f.				
g.				

39. Briefly describe each sibling and your relationship with him/her:

a.
b.
c.
d.
e.
f.
g.

Answer the following questions based on your knowledge of your childhood:

- | | | | |
|-----|--|------------------------------|-----------------------------|
| 40. | Was your mother's pregnancy and/or delivery of you difficult? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 41. | Did you have any unusual childhood illnesses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 42. | Were you ever hospitalized as a child? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43. | Did you have any serious or recurrent accidents as a child? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 44. | Any history of childhood or adult seizure disorder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 45. | Any delays in learning how to walk, talk, or be toilet trained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 46. | Did you ever have problems with bedwetting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 47. | Any problems with your speech or language development? Stuttering? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 48. | Any serious difficulties with concentration or with sitting still? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 49. | Were you involved in fighting as a child? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 50. | Were you involved in truancy (skipping school)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 51. | Did you experience the death of a sibling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you checked "YES" to any of the questions above, please provide a description of the circumstances or a more detailed response.

52. Briefly describe your childhood, including what it was like growing up in your family, going to school, and other important events and activities.

53. What was the best part about your childhood?

54. What was the worst part about your childhood?

55. What ways were you disciplined by your **father** as a child? (Mark all that apply).

- ☐ Severe physical punishment, including beatings, hitting, etc.
- ☐ Mild physical punishment, such as spanking.
- ☐ Severe verbal punishment, such as yelling and screaming.
- ☐ Mild verbal punishment.
- ☐ Emotional withdrawal or isolation (for example, your father would emotionally withdraw from you, not talk to you, avoid you, etc.).
- ☐ Public or private humiliation.
- ☐ Gentle, but firm discipline (describe): _____
- ☐ Little or no discipline was provided by my father.
- ☐ Other (describe): _____

56.	<p>What ways were you disciplined by your <u>mother</u> as a child? (Mark all that apply.)</p> <p><input type="checkbox"/> Severe physical punishment, including beatings, hitting, etc.</p> <p><input type="checkbox"/> Mild physical punishment, such as spanking.</p> <p><input type="checkbox"/> Severe verbal punishment, such as yelling and screaming.</p> <p><input type="checkbox"/> Mild verbal punishment.</p> <p><input type="checkbox"/> Emotional withdrawal or isolation (for example, your mother would emotionally withdraw from you, not talk to you, avoid you, etc.).</p> <p><input type="checkbox"/> Public or private humiliation.</p> <p><input type="checkbox"/> Gentle, but firm discipline (describe): _____</p> <p><input type="checkbox"/> Little or no discipline was provided by my mother.</p> <p><input type="checkbox"/> Other (describe): _____</p>
57.	<p>How did you feel about the discipline you received?</p>
58.	<p>Was there any physical, sexual, or emotional abuse in your family? Any parental neglect? If yes, was it of mild, moderate, or severe intensity? Who was or may have been involved? Please describe separately:</p> <p><input type="checkbox"/> Physical abuse: _____</p> <p><input type="checkbox"/> Sexual abuse: _____</p> <p><input type="checkbox"/> Emotional abuse: _____</p> <p><input type="checkbox"/> Parental neglect: _____</p>
59.	<p>To what extent do you have any significant gaps in your memories of childhood and adolescence?</p>
60.	<p>To what extent have childhood fears or phobias caused you serious distress or interfered with your family life or school performance? Use the list that follows as a guide. Indicate one or more categories that may have applied to you.</p> <p><input type="checkbox"/> Fear of the dark</p> <p><input type="checkbox"/> Fear of bugs, spiders, snakes</p> <p><input type="checkbox"/> Fear of being left alone</p> <p><input type="checkbox"/> Fear of going to school</p> <p><input type="checkbox"/> Fear of other animals</p> <p><input type="checkbox"/> Other fears (please specify): _____</p> <p>Description of fear(s) or phobia(s) and the effect on you:</p>
61.	<p>How often did you lie to your teachers or parents? (Select category.)</p> <p><input type="checkbox"/> Rarely, if ever</p> <p><input type="checkbox"/> Occasionally</p> <p><input type="checkbox"/> Regularly</p> <p><input type="checkbox"/> Often</p> <p><input type="checkbox"/> Almost every day</p>

62.	How often did you steal or shoplift things as a child or adolescent? (Select category.)
	<input type="checkbox"/> Rarely, if ever <input type="checkbox"/> Occasionally <input type="checkbox"/> Regularly <input type="checkbox"/> Often <input type="checkbox"/> Almost every day
63.	As a child or adolescent, did you have a best friend? Please describe:
64.	Describe your peer group as a pre-adolescent. Mark all categories that apply.
	<input type="checkbox"/> Large <input type="checkbox"/> Small <input type="checkbox"/> Popular <input type="checkbox"/> Unpopular <input type="checkbox"/> Based on sports <input type="checkbox"/> Based on academics or other school experiences <input type="checkbox"/> Mainly girls <input type="checkbox"/> Mainly boys <input type="checkbox"/> Mixed, boys and girls
65.	Describe your peer group as an adolescent. Mark all categories that apply.
	<input type="checkbox"/> Large <input type="checkbox"/> Small <input type="checkbox"/> Popular <input type="checkbox"/> Unpopular <input type="checkbox"/> Based on sports <input type="checkbox"/> Based on academics or other school experiences <input type="checkbox"/> Mainly girls <input type="checkbox"/> Mainly boys <input type="checkbox"/> Mixed, boys and girls
66.	How old were you when you first reached puberty?
67.	How old were you when you had your first romantic relationship?
68.	To what extent is your present sexual life satisfactory to you? If it is not, please describe:
69.	To what extent did you discuss sexual topics with your parents? Please describe:

70.	As a child or teenager, were you ever raped, molested, or subjected to what you or others considered inappropriate sexual behavior by someone? If "YES", please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
71.	As a child or teenager, were you ever involved, sexually or romantically, with someone more than four years older than yourself? If "YES", please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
72.	Has your sexual behavior ever caused you or anyone else any problems? If "YES", please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
73.	I consider the following to have been true of me while I was a child. (Mark all that apply.) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Parent at home very little, absent <input type="checkbox"/> Adult-like, overly serious <input type="checkbox"/> Powerless, victim, target, helpless <input type="checkbox"/> Vain, arrogant, pretentious <input type="checkbox"/> Sad, blue, pessimistic <input type="checkbox"/> Poorly read, uninformed <input type="checkbox"/> Uneducated, undereducated <input type="checkbox"/> Thoughtless, shallow, superficial <input type="checkbox"/> Impulsive, inconsistent, distractible <input type="checkbox"/> Chaotic, unstable, unreliable <input type="checkbox"/> Closed, controlling <input type="checkbox"/> Cold, distant, unavailable <input type="checkbox"/> Intrusive, disrespectful <input type="checkbox"/> Critical, conditional <input type="checkbox"/> Dishonest <input type="checkbox"/> Bully, angry, violent <input type="checkbox"/> Tense, worried, unsure <input type="checkbox"/> Passive, meek, timid, frightened <input type="checkbox"/> Self-centered, self-indulgent <input type="checkbox"/> In ill health or injured <input type="checkbox"/> Mis-used alcohol <input type="checkbox"/> Mis-used street drugs <input type="checkbox"/> Mis-used medications <input type="checkbox"/> Legal problems: _____ <input type="checkbox"/> Employment problems: _____ <input type="checkbox"/> Financial problems: _____ <input type="checkbox"/> Sexual problems: _____ <input type="checkbox"/> Other problems: _____ </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Parents at home almost always, present <input type="checkbox"/> Playful, child-like, immature <input type="checkbox"/> Powerful, capable, independent <input type="checkbox"/> Humble, polite, simple <input type="checkbox"/> Optimistic, cheerful, hopeful <input type="checkbox"/> Well-read, informed <input type="checkbox"/> Well educated, overeducated <input type="checkbox"/> Thorough, substantial, thoughtful <input type="checkbox"/> Ordered, consistent, planned <input type="checkbox"/> Reliable, stable, orderly <input type="checkbox"/> Trusting, open <input type="checkbox"/> Available, warm, close <input type="checkbox"/> Respectful, considerate <input type="checkbox"/> Supportive, accepting <input type="checkbox"/> Especially honest <input type="checkbox"/> Victim, scapegoat, target <input type="checkbox"/> Sure, secure, stable, calm <input type="checkbox"/> Confident, assertive, bold <input type="checkbox"/> Generous, empathic <input type="checkbox"/> Always in good health <input type="checkbox"/> Drank none or very little <input type="checkbox"/> Used none or very little <input type="checkbox"/> Used medications only as prescribed </td> </tr> </table>		<input type="checkbox"/> Parent at home very little, absent <input type="checkbox"/> Adult-like, overly serious <input type="checkbox"/> Powerless, victim, target, helpless <input type="checkbox"/> Vain, arrogant, pretentious <input type="checkbox"/> Sad, blue, pessimistic <input type="checkbox"/> Poorly read, uninformed <input type="checkbox"/> Uneducated, undereducated <input type="checkbox"/> Thoughtless, shallow, superficial <input type="checkbox"/> Impulsive, inconsistent, distractible <input type="checkbox"/> Chaotic, unstable, unreliable <input type="checkbox"/> Closed, controlling <input type="checkbox"/> Cold, distant, unavailable <input type="checkbox"/> Intrusive, disrespectful <input type="checkbox"/> Critical, conditional <input type="checkbox"/> Dishonest <input type="checkbox"/> Bully, angry, violent <input type="checkbox"/> Tense, worried, unsure <input type="checkbox"/> Passive, meek, timid, frightened <input type="checkbox"/> Self-centered, self-indulgent <input type="checkbox"/> In ill health or injured <input type="checkbox"/> Mis-used alcohol <input type="checkbox"/> Mis-used street drugs <input type="checkbox"/> Mis-used medications <input type="checkbox"/> Legal problems: _____ <input type="checkbox"/> Employment problems: _____ <input type="checkbox"/> Financial problems: _____ <input type="checkbox"/> Sexual problems: _____ <input type="checkbox"/> Other problems: _____	<input type="checkbox"/> Parents at home almost always, present <input type="checkbox"/> Playful, child-like, immature <input type="checkbox"/> Powerful, capable, independent <input type="checkbox"/> Humble, polite, simple <input type="checkbox"/> Optimistic, cheerful, hopeful <input type="checkbox"/> Well-read, informed <input type="checkbox"/> Well educated, overeducated <input type="checkbox"/> Thorough, substantial, thoughtful <input type="checkbox"/> Ordered, consistent, planned <input type="checkbox"/> Reliable, stable, orderly <input type="checkbox"/> Trusting, open <input type="checkbox"/> Available, warm, close <input type="checkbox"/> Respectful, considerate <input type="checkbox"/> Supportive, accepting <input type="checkbox"/> Especially honest <input type="checkbox"/> Victim, scapegoat, target <input type="checkbox"/> Sure, secure, stable, calm <input type="checkbox"/> Confident, assertive, bold <input type="checkbox"/> Generous, empathic <input type="checkbox"/> Always in good health <input type="checkbox"/> Drank none or very little <input type="checkbox"/> Used none or very little <input type="checkbox"/> Used medications only as prescribed
<input type="checkbox"/> Parent at home very little, absent <input type="checkbox"/> Adult-like, overly serious <input type="checkbox"/> Powerless, victim, target, helpless <input type="checkbox"/> Vain, arrogant, pretentious <input type="checkbox"/> Sad, blue, pessimistic <input type="checkbox"/> Poorly read, uninformed <input type="checkbox"/> Uneducated, undereducated <input type="checkbox"/> Thoughtless, shallow, superficial <input type="checkbox"/> Impulsive, inconsistent, distractible <input type="checkbox"/> Chaotic, unstable, unreliable <input type="checkbox"/> Closed, controlling <input type="checkbox"/> Cold, distant, unavailable <input type="checkbox"/> Intrusive, disrespectful <input type="checkbox"/> Critical, conditional <input type="checkbox"/> Dishonest <input type="checkbox"/> Bully, angry, violent <input type="checkbox"/> Tense, worried, unsure <input type="checkbox"/> Passive, meek, timid, frightened <input type="checkbox"/> Self-centered, self-indulgent <input type="checkbox"/> In ill health or injured <input type="checkbox"/> Mis-used alcohol <input type="checkbox"/> Mis-used street drugs <input type="checkbox"/> Mis-used medications <input type="checkbox"/> Legal problems: _____ <input type="checkbox"/> Employment problems: _____ <input type="checkbox"/> Financial problems: _____ <input type="checkbox"/> Sexual problems: _____ <input type="checkbox"/> Other problems: _____	<input type="checkbox"/> Parents at home almost always, present <input type="checkbox"/> Playful, child-like, immature <input type="checkbox"/> Powerful, capable, independent <input type="checkbox"/> Humble, polite, simple <input type="checkbox"/> Optimistic, cheerful, hopeful <input type="checkbox"/> Well-read, informed <input type="checkbox"/> Well educated, overeducated <input type="checkbox"/> Thorough, substantial, thoughtful <input type="checkbox"/> Ordered, consistent, planned <input type="checkbox"/> Reliable, stable, orderly <input type="checkbox"/> Trusting, open <input type="checkbox"/> Available, warm, close <input type="checkbox"/> Respectful, considerate <input type="checkbox"/> Supportive, accepting <input type="checkbox"/> Especially honest <input type="checkbox"/> Victim, scapegoat, target <input type="checkbox"/> Sure, secure, stable, calm <input type="checkbox"/> Confident, assertive, bold <input type="checkbox"/> Generous, empathic <input type="checkbox"/> Always in good health <input type="checkbox"/> Drank none or very little <input type="checkbox"/> Used none or very little <input type="checkbox"/> Used medications only as prescribed			

Relationship/Marital History

74. List all marriages, cohabitations, divorces, and/or separations you have had. Include if you have been widowed. Note: In the table below, "Spouse / Partner Age," refers to age at the beginning of the relationship.

Nature of Relationship	Date (From/To)	Reason for Separation/Divorce	Spouse/Partner Age	Spouse/Partner Occupation
	/			
	/			
	/			
	/			
	/			
	/			
	/			

75. Do you have any children? ☐ Yes ☐ No
If "Yes," complete the following chart; if "No," skip to the next item.

Child's Name	Relationship	Age	Residence	If not with you, indicate City and State of child's residence.
	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Step child <input type="checkbox"/> Foster child <input type="checkbox"/> Other (explain):		<input type="checkbox"/> With me <input type="checkbox"/> With former spouse <input type="checkbox"/> Other (explain):	
	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Step child <input type="checkbox"/> Foster child <input type="checkbox"/> Other (explain):		<input type="checkbox"/> With me <input type="checkbox"/> With former spouse <input type="checkbox"/> Other (explain):	
	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Step child <input type="checkbox"/> Foster child <input type="checkbox"/> Other (explain):		<input type="checkbox"/> With me <input type="checkbox"/> With former spouse <input type="checkbox"/> Other (explain):	
	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Step child <input type="checkbox"/> Foster child <input type="checkbox"/> Other (explain):		<input type="checkbox"/> With me <input type="checkbox"/> With former spouse <input type="checkbox"/> Other (explain):	
	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Step child <input type="checkbox"/> Foster child <input type="checkbox"/> Other (explain):		<input type="checkbox"/> With me <input type="checkbox"/> With former spouse <input type="checkbox"/> Other (explain):	

76. If you are presently involved with a spouse/partner, please describe two major problem areas you experience.

77. Do you have any birth children that were given up for adoption? ☐ Yes ☐ No
78. Have your parental rights ever been terminated or restricted? ☐ Yes ☐ No
79. Has any child of yours ever been placed in foster care? ☐ Yes ☐ No

If you checked "YES" to any of the previous 3 questions, please provide a description of the circumstances or a more detailed response.

Educational History

80. Please list **all** of the schools you have attended:

School Attended	Location	Dates of Attendance	Graduation Status	Degree(s) Received

81. Please describe your grades and academic performance in grade school, junior high, and high school.

Grade School:

Junior High School:

High School:

82. Did any of the following happen to you? Mark all that apply. If "YES," please explain.

- ☐ Expelled from school
- ☐ Suspended from school
- ☐ Held back for a year in school
- ☐ Advanced a grade
- ☐ Placed in a special class

Explanation of any of the above:

83. Do you have any learning disabilities? If "YES," please describe:

84. Indicate with a checkmark any special academic interests:

- ☐ Math and science
- ☐ Fine arts
- ☐ History
- ☐ Literature
- ☐ Philosophy
- ☐ Other (please specify): _____

85. Indicate the single academic area in which you are *most* competent. Make only **ONE** selection.

- ☐ Math and science
- ☐ Fine arts
- ☐ History
- ☐ Literature
- ☐ Philosophy
- ☐ Other (please specify): _____

86. Indicate the single academic area in which you are *least* competent. Mark only one selection.

- ☐ Math and science
☐ Fine arts
☐ History
☐ Literature
☐ Philosophy
☐ Other (please specify): _____

Occupational History

87. List all jobs which you have held, both paid and unpaid/voluntary, since you were 18 years old. Begin with your most recent position.

Position Title or Nature of Work	Location	Dates (From/To)	Reason for Leaving	Supervisor's Name
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		

88. Have you ever been fired from a position? ☐ Yes ☐ No

89. Have you ever prematurely/abruptly resigned from a position? ☐ Yes ☐ No

90. Have you ever been asked to resign from a position? ☐ Yes ☐ No

91. If you have ever supervised others as part of a position, have there been any difficulties? ☐ Yes ☐ No

92. Has tension or anger in a domestic relationship ever flowed into your workplace, affecting your relationships with supervisors or coworkers? ☐ Yes ☐ No

If you checked "YES" to any of the previous 5 questions, please provide a description of the circumstances or a more detailed response.

93.	Describe the worst problem you have experienced at a position and how you handled it.
94.	Describe, as specifically as possible, the characteristics of an ideal "supervisor" that would optimally motivate you?
95.	Describe at least two or three features of a satisfying ministry or work project you have concentrated on recently or in the past (e.g., working with others who are responsive to my ideas, seeing a particular project completed that I began).
96.	Describe the most important feature of a very satisfying work day for yourself.
97.	What personality traits or behaviors in others do you find difficult to accept or like?
98.	What personality traits in yourself do you think may sometimes be a problem for others?
99.	List the important ingredients of a successful career in the ministry.

Medical History

100. Have you ever had any major medical problems? ☐ Yes ☐ No
101. Have you ever been hospitalized for medical problems? ☐ Yes ☐ No
102. Have you ever had problems with your heart, lungs, liver, or kidneys? ☐ Yes ☐ No
103. Do you have any allergies to any medications? ☐ Yes ☐ No
104. Have you ever had any surgery? ☐ Yes ☐ No
105. Have you ever had a problem with your weight? ☐ Yes ☐ No
106. Have you ever had major concerns about your weight, body size or shape? ☐ Yes ☐ No

If you checked "YES" to any of the questions above, please provide a description of the circumstances or a more detailed response. (If you need more space, please use the pages provided at the end of this questionnaire.)

107. Do you currently take prescription medication for any medical problems? ☐ Yes ☐ No
If "YES," please list each medication, dose, duration of use, and reason for use.

Medication	Dosage & Route	Medical Condition	Date Started	Date D/C
a.				
b.				
c.				

108. Do you currently take any non-prescription medication of any kind? ☐ Yes ☐ No
(e.g., laxatives, vitamins, food supplements, herbal preparations, over-the-counter sleeping pills)
If "YES," please list each medication, duration of use, and reason for use.

Medication	Dosage & Route	Medical Condition	Date Started	Date D/C
a.				
b.				
c.				

109.	Have you ever received alternative medical care (e.g., homeopathy, faith healing, etc.)? If "YES," please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
110.	Have you ever used any prescription medications in the past for more than two weeks? If "YES," please list each medication, dose, duration of use, and reason for use.	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Medication</th> <th style="width: 20%;">Dosage & Route</th> <th style="width: 20%;">Medical Condition</th> <th style="width: 20%;">Date Started</th> <th style="width: 20%;">Date D/C</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Medication	Dosage & Route	Medical Condition	Date Started	Date D/C	a.					b.					c.					
Medication	Dosage & Route	Medical Condition	Date Started	Date D/C																		
a.																						
b.																						
c.																						
111.	Have you ever had a major head injury? If "yes," please describe each such occurrence, date of the injury, and whether you lost consciousness (and for how long you lost consciousness).	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
112.	When was the last time you saw a physician? _____ For what reason?																					
113.	How many times have you seen a physician in the last five years? How many times have you seen a physician in the last year?																					
114.	Have you ever disregarded a physician's or other health provider's advice? If "YES," please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
115.	Do you smoke cigarettes or use other tobacco products? If "YES," <input type="checkbox"/> How much do you smoke/use daily? _____ <input type="checkbox"/> How long have you been smoking or using other tobacco products? _____ Describe any attempts to quit.	<input type="checkbox"/> Yes <input type="checkbox"/> No																				

Psychiatric History

116. Have you ever sought professional help or a self-help program for emotional problems?
If "YES," complete the chart below.

☐ Yes ☐ No

Type of Care	Dates of Care or Duration	Reason for Visit/ Admission	Nature of Treatment (psychotherapy, medication)	Your Response to Treatment
Outpatient				
Partial/Day Hospital				
Inpatient/ Residential				

117. Have you ever been or are you currently treated with medication for an emotional problem?
If "YES," complete the chart below.

☐ Yes ☐ No

Medication	Dosage	Condition Being Treated	Date Started	Date Stopped
a.				
b.				
c.				

a.

b.

c.

118. Have you ever seriously thought about taking your own life?

☐ Yes ☐ No

119. Have you ever attempted to kill yourself?

☐ Yes ☐ No

120. Have emotional problems ever significantly interfered with your work and/or academic performance?

☐ Yes ☐ No

121. Have you ever been a party to sexual abuse, child abuse, physical abuse, or sexual exploitation?

☐ Yes ☐ No

If you checked "Yes" to any of the questions above, please provide a description of the circumstances or a more detailed response.

122. Have you ever engaged in, or been told that you have a diagnosis of any of the following? ☐ Yes ☐ No

If "YES," please mark that item and **describe** the circumstances.

- ☐ Exhibitionism (exposure of one's genitals to a stranger)
- ☐ Fetishism (use of non-living objects for sexual gratification)
- ☐ Frotteurism (rubbing a non-consenting person)
- ☐ Pedophilia (adult's sexual activity with a prepubescent child or adolescent)
- ☐ Sexual masochism (obtaining sexual gratification from being humiliated, beaten, bound, or otherwise made to suffer)
- ☐ Sexual sadism (inflicting psychological or physical suffering on someone else to obtain sexual satisfaction)
- ☐ Voyeurism (observing unsuspecting people, usually strangers, who are naked, disrobing, or engaging in sexual activity)

Circumstances:

123. To your knowledge, has any blood relative (grandparents, parents, aunts, uncles, nephews, cousins, siblings, or children) ever:

- | | |
|--|--|
| <input type="checkbox"/> received or sought out professional help for any emotional problem? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> been treated with medication for any emotional problem? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> received or sought out professional help for a drug or alcohol problem? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> had a history of untreated emotional and/or drug or alcohol problem? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you checked "Yes" to any of the questions above, please provide a description of the circumstances or a more detailed response.

136. Place a checkmark beside any of the following drugs that you now use or have ever used:

- | | |
|---|---|
| <input type="checkbox"/> Marijuana or hashish | <input type="checkbox"/> Cocaine |
| <input type="checkbox"/> Heroin or other narcotics | <input type="checkbox"/> Crack |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> LSD |
| <input type="checkbox"/> Barbiturates or downers | <input type="checkbox"/> Diet pills* |
| <input type="checkbox"/> Tranquilizers of any kind* | <input type="checkbox"/> Sleeping pills* |
| <input type="checkbox"/> Hallucinogens (for example, mescaline, psilocybin) | <input type="checkbox"/> PCP (angel dust) |
| | <input type="checkbox"/> Laxatives and/or diuretics |

☐ Other drug (specify): _____

☐ Other drug (specify): _____

* If you used these drugs while under the care of a physician and used them according to the physician's prescription/order, you do not need to complete the next section.

137. If you marked a substance above, list when you used the drug, over what period of time, and average daily and weekly amount of the drug used. Also state your longest period of abstinence from the drug.

Name of Drug	Date Usage Began	Date Stopped	Average Daily/ Weekly Amount Used	Longest Period Of Abstinence

138. Have you ever been treated for or sought professional help for a drug, alcohol or eating problem? ☐ Yes ☐ No

139. Have you ever attended Alcoholics Anonymous, Narcotics Anonymous, Narcotics Anonymous or any of the other 12-step programs? ☐ Yes ☐ No

If you checked "Yes" to either of the two questions above, complete the chart below:

Type of Care	Dates of Care or Duration	Reason for Visit/ Admission	Nature of Treatment (psychotherapy, medication)	Your Response to Treatment
Outpatient/ Self-help				
Partial/Day Hospital				
Inpatient/ Residential				

Legal History

140. Have you ever been charged with a crime of any kind? ☐ Yes ☐ No
141. Have you ever been convicted of any crime? ☐ Yes ☐ No
142. Have you ever been placed on probation? ☐ Yes ☐ No
143. Have you ever been charged with traffic violations, including vehicular homicide or driving while intoxicated? ☐ Yes ☐ No
144. Has your drivers license ever been suspended or revoked? ☐ Yes ☐ No
145. Have you ever been incarcerated? ☐ Yes ☐ No
146. If you have been divorced, have you ever fallen behind on court-ordered child support or alimony payments? ☐ Yes ☐ No
147. Have you ever initiated a lawsuit? ☐ Yes ☐ No
148. Have you ever been a defendant in a lawsuit? ☐ Yes ☐ No

If you checked "Yes" to any of the questions above, please provide a description of the circumstances or a more detailed response.

Financial History

149. Select the category which most closely approximates your family's annual income bracket during your childhood and adolescence:
- | | |
|---|--|
| <input type="checkbox"/> Under \$15,000 | <input type="checkbox"/> \$60,000 -- \$74,999 |
| <input type="checkbox"/> \$15,000 -- \$24,999 | <input type="checkbox"/> \$75,000 -- \$99,999 |
| <input type="checkbox"/> \$25,000 -- \$39,999 | <input type="checkbox"/> \$100,000 -- \$150,000 |
| <input type="checkbox"/> \$40,000 -- \$49,999 | <input type="checkbox"/> Over \$150,000 per year |
| <input type="checkbox"/> \$50,000 -- \$59,999 | |
150. Select the category which most closely approximates the highest annual income you have ever received:
- | | |
|---|--|
| <input type="checkbox"/> Under \$15,000 | <input type="checkbox"/> \$60,000 -- \$74,999 |
| <input type="checkbox"/> \$15,000 -- \$24,999 | <input type="checkbox"/> \$75,000 -- \$99,999 |
| <input type="checkbox"/> \$25,000 -- \$39,999 | <input type="checkbox"/> \$100,000 -- \$150,000 |
| <input type="checkbox"/> \$40,000 -- \$49,999 | <input type="checkbox"/> Over \$150,000 per year |
| <input type="checkbox"/> \$50,000 -- \$59,999 | |

What year did you reach this income level:

151. Has your family ever experienced any significant financial changes? ☐ Yes ☐ No
152. Are you currently or have you ever experienced serious financial difficulties? ☐ Yes ☐ No
153. Have you ever declared bankruptcy? ☐ Yes ☐ No
154. Do you have any ongoing problems with personal/family financial management? ☐ Yes ☐ No
(e.g. credit card debt, foreclosures, problems with debt collectors, compulsive gambling)

If you checked "Yes" to any of the questions above, please provide a description of the circumstances or a more detailed response.

The following additional space is to be used to complete your answer to any questions. Please write the question number and your answer.

The following additional space is to be used to complete your answer to any questions. Please write the question number and your answer.



CHURCH PENSION FUND
Serving the Episcopal Church and Its People

BEHAVIOR SCREENING QUESTIONNAIRE (BSQ)

Applicants for Holy Orders convey the completed form both to the examining mental health clinician(s) and to the diocese sponsoring the evaluation. This questionnaire remains in the clinician's custody and in the applicant's permanent diocesan file.

The examining clinician(s), diocese or any of its agents reserve the right to verify independently any information provided in this questionnaire.

All questions must be answered.

DIRECTIONS:

This questionnaire contains a series of items regarding your background and experiences. Please read each carefully. For each question, type a response. If a question does not apply to you, type "Does Not Apply" or "N/A."

Do NOT skip items.

If you opt to handwrite this questionnaire, please use an **ink pen**.

1. Has disciplinary action of any sort ever been taken against you by a licensing board, professional association, ecclesiastical body, or educational or training institution? Have there been formal complaints against you that did not result in discipline? Are there complaints pending against you before any of the above-named bodies? If yes, please explain in the space below.

2. Have you ever been asked to resign or been terminated by a training program or employer? If yes, please explain in the space below.

3. Have you ever had a civil suit brought against you relative to your professional work, or is any such action pending? Have you ever had professional malpractice insurance suspended or revoked for any reason? If yes, please explain in the space below.

4. Have you ever been charged with any ethics violations, or sexual harassment? Are any such actions pending against you? If yes, please explain in the space below.
5. Are you now or have you ever had sexual contact or attempted sexual contact (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with persons that you were/are seeing in any professional context (i.e., a parishioner, a client, a patient, an employee, a student)? If yes, please explain in the space below.
6. Since the age of 21, are you now or have you ever been engaged in sexual behavior (sexual intercourse of any kind, genital contact, intentional touching, or conversation for the purpose of sexual arousal) with persons under 18 years of age? If yes, please explain in the space below.

7. Are you now or have you ever been involved in the production, sale, or distribution of pornographic materials? If yes, please explain in the space below.

8. Have you ever been charged, arrested, or convicted for any crimes or misdemeanors? Have you ever been charged with moving traffic violations? Has your driver's license ever been revoked or suspended? If yes, please explain in the space below.

9. Have you ever had a restraining order, injunction, order for protection or the like issued against you as a result of allegations of domestic violence, abuse or the like? Have you ever had your parental rights restricted, suspended or terminated or have any of your children ever been in foster care? If yes, please explain below.

10. Have you ever misappropriated funds or otherwise breached fiduciary duties in any professional capacity? If yes, please explain below.

STATEMENT OF THE APPLICANT: (Please read carefully before signing.)

All information submitted by me in this questionnaire is true to the best of my knowledge. I understand that any significant misstatement in, or omission from, this questionnaire may be cause for denial of acceptance for postulancy or cause for dismissal from postulancy or the ministry.

I understand and agree that I will notify the Commission on Ministry of any changes in the status of my licensure, censure, or sanction by professional bodies and of any other information relating to my ability to act as a member of the ordained ministry.

Name (please type or print)

Signature

Date

Sponsoring Diocese

Witness Signature

Date

For Release of Information to Diocese
AUTHORIZATION TO RELEASE INFORMATION, RELEASE OF CLAIMS AND
INDEMNITY AND HOLD HARMLESS AGREEMENT
(referred to herein as "Authorization and Release")

Name of Applicant:

Social Security Number:

Permanent Address of Applicant:

Current Address of Applicant if Different from Above:

Telephone Numbers:

Today's Date:

1. I am voluntarily seeking to become or am presently a candidate for postulancy, ordination, and/or other ministry position (referred to herein as my "application") in The Episcopal Church through a process conducted by the Diocese of _____ [fill in name of diocese] ("Diocese"). I understand that as a part of the Diocese's decision making process about my application I am required to undergo a psychiatric and/or psychological assessment ("Assessment") by a person or persons selected or approved by the Diocese.
2. I understand that the Assessment is only one part of the Diocese's decision making process and that information provided to the Diocese about the Assessment may be considered with other information available to the Diocese in deciding whether or not to accept me or to continue considering my application for postulancy, ordination and/or other ministry position in the Diocese. Nonetheless, I understand that information from the Assessment may be determinative of the Diocese's decision.
3. I voluntarily consent to participate in the Assessment and I agree to cooperate fully with the Assessment. I understand that the Assessment may include one or more attitude questionnaires, psychological tests, psychiatric tests, and/or clinical interviews. I understand that I will be asked to provide various types of information about myself which may include but not be limited to, information about my family, medical history, psychological and psychiatric history, criminal history, sexual behavior and attitudes, drug and alcohol use, relationships, education, and employment. I agree that

all the information I provide for the Assessment will be true, correct, and complete, to the best of my knowledge. I understand that false or misleading statements made by me or significant omissions of any kind in the Assessment process are sufficient cause for dismissal from the application process or denial of my application for a ministry position in the Diocese.

4. I authorize all mental health professionals involved in the Assessment to disclose to each other, both orally and in writing, all records and information, including opinions, pertaining to the Assessment, including but not limited to my responses to any questionnaires, tests and interview questions.
5. I understand that at the conclusion of the Assessment a written report may be prepared which will contain conclusions, opinions, observations, recommendations for follow-up and the like. I authorize the mental health professionals involved in the Assessment to disclose the written Assessment report to the Bishop or Ecclesiastical Authority of the Diocese. I authorize the Bishop or Ecclesiastical Authority to disclose to and discuss the written Assessment report with those involved in the application process. I authorize the mental health professionals involved in the Assessment to discuss the written Assessment report with the Bishop or Ecclesiastical Authority and those involved in the application process.
6. I understand and agree that whether or not I have paid for the Assessment or any part thereof, all of the records and documents related to the Assessment do not belong to me and I do not have the right to see them, have them reviewed by or sent to anyone else, or to receive a copy of them at any time. I further understand and agree that I am not entitled to discuss the Assessment with the personnel involved in the Assessment process nor am I entitled to have anyone else discuss the Assessment with them on my behalf. I agree that I will not request or seek to obtain from the Bishop or Ecclesiastical Authority or Diocese or from any of the personnel involved in the Assessment or from any other person or entity the originals or any copies of any records or documents related to the Assessment nor will I authorize anyone to do so on my behalf.
7. I understand that after the Assessment described herein, the Diocese may determine that further assessment is necessary before a decision is made on my application. If I elect to participate in such further assessment, all the terms of this Authorization and Release shall apply to any further assessment.
8. I understand and agree that the Diocese will have the right to control the use and disclosure of information regarding the Assessment both during consideration of my application and after consideration of my application has terminated, regardless of the action taken on my application, and

that the Diocese does not have to obtain any further authorization from me to disclose any information regarding the Assessment or the written Assessment report.

9. I consent to the use of information that I provide or that is developed from the Assessment for research purposes, including but not limited to publication and presentation to the scientific or religious communities and/or other audiences, provided that if so used, the information will be presented in a disguised format to preclude identification of my individual identify.
10. As consideration for having my application considered by the Diocese, I hereby waive, release and discharge the Diocese and its officers, directors, employees, volunteers, agents and legal representatives, and all personnel and entities involved in conducting the Assessment and their officers, directors, employees, volunteers, agents, heirs, administrators, successors, assigns and legal representatives ("the Released Parties") from liability of all kinds including but not limited to personal injury, defamation, slander, libel, negligence, invasion of privacy, breach of contract, or otherwise, in law or in equity, arising out of my participation in the Assessment, use or disclosure of information regarding the Assessment, or arising in any other way as a result of the Assessment. I do not release the Released Parties from liability for willful or intentional acts or punitive damages.
11. I also agree not to sue or make a claim against the Released Parties for injury, damage, or loss of any kind sustained as a result of my participation in Assessment, the use or disclosure of information regarding the Assessment, or relating in any way to the Assessment. I will indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any such action.
12. I agree that if any portion of this Authorization and Release is found by a court to be unenforceable for any reason, the remainder of this Authorization and Release shall remain valid and in full force and effect.
13. I have carefully read this authorization and release and fully understand its contents. I sign it of my own free will. I understand that I may consult with an attorney of my choice before signing this document. I acknowledge that I have had the opportunity to ask questions concerning the contents of Authorization and Release and any such questions have been answered to my satisfaction. Nonetheless, in agreeing to sign this Authorization and Release, I have not relied upon any statements or explanations made by any of the Released Parties or by any attorney of any of the Released Parties. I have initialed each page of this Authorization and Release indicating that I have read and understand each paragraph.

(Applicant's Signature)

Date

(Print or type Applicant's name)

(Witness' Signature)

(Print or type Witness' Name)

M1:0252326.01

(For Release of Information to Applicant Only)

**AUTHORIZATION TO RELEASE INFORMATION, RELEASE OF CLAIMS AND
INDEMNITY AND HOLD HARMLESS AGREEMENT**
(referred to herein as "Authorization and Release")

Name of Applicant:

Social Security Number:

Permanent Address of Applicant:

Current Address of Applicant if Different from Above:

Telephone Numbers:

Today's Date: January 23, 2007

1. I am voluntarily seeking to become or am presently a candidate for postulancy, ordination, and/or other ministry position (referred to herein as my "application") in The Episcopal Church through a process conducted by the Diocese of . I understand that as a part of the Diocese's decision making process about my application I am required to undergo a psychiatric and/or psychological assessment ("Assessment") by a person or persons selected or approved by the Diocese.
2. I understand that the Assessment is only one part of the Diocese's decision making process and that information provided to the Diocese about the Assessment may be considered with other information available to the Diocese in deciding whether or not to accept me or to continue considering my application for postulancy, ordination and/or other ministry position in the Diocese. Nonetheless, I understand that information from the Assessment may be determinative of the Diocese's decision.

3. I voluntarily consent to participate in the Assessment and I agree to cooperate fully with the Assessment. I understand that the Assessment may include one or more attitude questionnaires, psychological tests, psychiatric tests, and/or clinical interviews. I understand that I will be asked to provide various types of information about myself which may include but not be limited to, information about my family, medical history, psychological and psychiatric history, criminal history, sexual behavior and attitudes, drug and alcohol use, relationships, education, and employment. I agree that all the information I provide for the Assessment will be true, correct, and complete, to the best of my knowledge. I understand that false or misleading statements made by me or significant omissions of any kind in the Assessment process are sufficient cause for dismissal from the application process or denial of my application for a ministry position in the Diocese.
4. I authorize all mental health professionals involved in the Assessment to disclose to each other, both orally and in writing, all records and information, including opinions, pertaining to the Assessment, including but not limited to my responses to any questionnaires, tests and interview questions. If deemed necessary by a mental health professional, I agree to document my authorization in a form that satisfies the requirements of applicable law.
5. I understand that at the conclusion of the Assessment a written report may be prepared which will contain conclusions, opinions, observations, recommendations for follow-up and the like. I authorize the mental health professionals involved in the Assessment to disclose the written Assessment report to me. I understand that I may choose whether or not to provide a copy of the written Assessment report to the Diocese. If I provide a copy to the Diocese, I authorize the mental health professionals involved in the Assessment to discuss the written Assessment report with a person or persons designated by the Diocese, and I agree to execute the written authorization form attached hereto as Appendix A (or a similar written authorization form approved by the mental health professional(s)) to approve this discussion. I agree that I will not disclose the written Assessment report to anyone other than the Diocese.

6. Except for my right to receive a copy of the written Assessment report as specifically provided in paragraph 5 above, I understand and agree that whether or not I have paid for the Assessment or any part thereof, all of the records and documents related to the Assessment do not belong to me and, except to the extent that my rights with respect to records held by the mental health professional(s) are preserved by applicable law, I do not have the right to see any records or documents related to the Assessment, to have them reviewed by or sent to anyone else, or to receive a copy of them at any time. I further understand and agree that I am not entitled to discuss the Assessment with the personnel involved in the Assessment process nor am I entitled to have anyone else discuss the Assessment with them on my behalf. I agree that I will not request or seek to obtain from the Diocese or from any of the personnel involved in the Assessment or, except to the extent that my rights with respect to records held by the mental health professional(s) are preserved by applicable law, from any other person or entity the originals or any copies of any records or documents related to the Assessment nor will I authorize anyone to do so on my behalf.
7. I understand that after the Assessment described herein, the Diocese may determine that further assessment is necessary before a decision is made on my application. If I elect to participate in such further assessment, all the terms of this Authorization and Release shall apply to any further assessment.
8. I understand and agree that if I choose to provide a copy of the written Assessment report to the Diocese pursuant to paragraph 5 above, the Diocese will have the right to control the use and disclosure of information regarding the Assessment both during consideration of my application and after consideration of my application has terminated, regardless of the action taken on my application, and that the Diocese does not have to obtain any further authorization from me to disclose any information regarding the Assessment or the written Assessment report.
9. I consent to the use of information that I provide or that is developed from the Assessment for research purposes, including but not limited to publication and presentation to the scientific or religious communities and/or other audiences, provided that if so used, the information will be presented in a disguised and deidentified format to preclude identification of my individual identity.

10. As consideration for having my application considered by the Diocese, I hereby waive, release and discharge the Diocese and its officers, directors, employees, volunteers, agents and legal representatives, and all personnel and entities involved in conducting the Assessment and their officers, directors, employees, volunteers, agents, heirs, administrators, successors, assigns and legal representatives ("the Released Parties") from liability of all kinds including but not limited to personal injury, defamation, slander, libel, negligence, invasion or breach of privacy, breach of contract, or otherwise, in law or in equity, arising out of my participation in the Assessment, use or disclosure of information regarding the Assessment, or arising in any other way as a result of the Assessment. I do not release the Released Parties from liability for willful or intentional acts or punitive damages.
11. I also agree not to sue or make a claim against the Released Parties for injury, damage, or loss of any kind sustained as a result of my participation in Assessment, the use or disclosure of information regarding the Assessment, or relating in any way to the Assessment. I will indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any such action.
12. I agree that if any portion of this Authorization and Release is found by a court to be unenforceable for any reason, the remainder of this Authorization and Release shall remain valid and in full force and effect.
13. I have carefully read this authorization and release and fully understand its contents. I sign it of my own free will. I understand that I may consult with an attorney of my choice before signing this document. I acknowledge that I have had the opportunity to ask questions concerning the contents of Authorization and Release and any such questions have been answered to my satisfaction. Nonetheless, in agreeing to sign this Authorization and Release, I have not relied upon any statements or explanations made by any of the Released Parties or by any attorney of any of the Released Parties. I have initialed each page of this Authorization and Release indicating that I have read and understand each paragraph.

(Applicant's Signature)

Date

(Print or type Applicant's name)

(Witness' Signature)

(Print or type Witness' Name)

M1:sect6.doc



CHURCH PENSION FUND
Serving the Episcopal Church and Its People

REQUIRED MENTAL HEALTH EVALUATION FROM PSYCHIATRIST OR CLINICAL PSYCHOLOGIST

When completed by the clinician, this report is sent to the Bishop and remains in the applicant's permanent file. It may be shared with the Standing Committee and other canonically established bodies involved in the ordination process.

REQUIRED MENTAL HEALTH EVALUATION FROM THE PSYCHIATRIST OR CLINICAL PSYCHOLOGIST FOR ORDINATIONS IN THE EPISCOPAL CHURCH

To The Right Reverend: _____

The Bishop of: _____

Name of Applicant: _____

Date and Length of Examinations: _____

1. Is there any serious maladjustment or limitation of the personality that, in your opinion, would disqualify the applicant for ordained ministry in the Episcopal Church?

Yes ☐ No ☐

2. Are there any signs in the present behavior of the applicant that suggest that, in your opinion, this person may become ill under the pressure of clergy life?

Yes ☐ No ☐

3. What is your impression of the applicant's ability to respond adequately and appropriately to the emotional demands placed upon him/her by the work or ordained ministry?

Good ☐ Fair ☐ Doubtful ☐ Poor ☐ No Comment ☐

4. What is your impression of the likelihood of the applicant becoming unstable or dysfunctional as a result of the nervous strain engendered by the role of the ordained minister?

Unlikely ☐ Likely ☐ Probably ☐ No Comment ☐

5. Have you reviewed a signed Behavior Screen Questionnaire (BSQ) completed by the applicant?

Yes ☐ No ☐

6. Are your conclusions based in part on review of the Life History Questionnaire (LHQ)?

Yes ☐ No ☐

Phone Number

Signature of Examiner (M.D. or Ph.D.) Date

Fax Number

Address

E-mail

01/04

REQUIRED MEDICAL EXAMINATION

This report should be mailed by the examiner directly to the Bishop, and the information should be treated as strictly confidential. By submitting to this examination, the candidate consents to the use of the information herein in connection with his/her candidacy.

MEDICAL EXAMINATION

Name		Date of Birth	
Your Home Address		Phone Number/Fax Number	
Marital Status		Children and Ages	
Notify in Case of Illness		Phone Number/Fax Number	
Personal Physician	Physician's Address	Phone Number/Fax Number	

Please answer all questions below "Yes" or "No;" provide full details in space at bottom for any questions answered "Yes."

Have You	Yes	No
1. Ever been rejected or paid extra money for insurance?	<input type="checkbox"/>	<input type="checkbox"/>
2. Ever received Workmen's Compensation or other disability benefits?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been rejected for employment on account of any physical or mental condition?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever received prescription drugs for mental illness or substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>
5. Ever been a patient in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
6. Had any accidents, injuries or operations or contemplate any operation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Received disability benefits or medical leave for any medical/psychiatric condition?	<input type="checkbox"/>	<input type="checkbox"/>
8. Had your medical or psychiatric fitness for a job or educational studies questioned by a supervisor or a supervising institution?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever left school or any position because of ill health?	<input type="checkbox"/>	<input type="checkbox"/>
10. Lost time from work or school in the past three years for medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>

Provide *full details* here for all questions answered "Yes." *Full details* include the condition, dates and durations. List the question number when answering. Use additional sheets if necessary.

Outline for Physical Examination				
1. (a) How long have you known applicant (b) in what relationship?				
2. (a) height without shoes: Ft Ins (b) weight: lbs				
Vital Signs				
Temperature	Pulse	Respiration	Blood Pressure (arm, R <input type="checkbox"/> or L <input type="checkbox"/> position)	

Physical Examination: Check for within normal limits. Note positive findings in the space below.

Head			Lymph Nodes		
<i>Eyes</i>	Vision	<input type="checkbox"/>		Enlargement, consistency and/or tenderness of cervical, axillary, epitrochlear, popliteal, and inguinal glands	<input type="checkbox"/>
	Conjunctivae and sclerae	<input type="checkbox"/>			
	Pupils size	<input type="checkbox"/>			
	Reaction	<input type="checkbox"/>			
	Equality	<input type="checkbox"/>			
	Appearance	<input type="checkbox"/>			
<i>Ears</i>	Hearing	<input type="checkbox"/>			
	Air and bone conduction	<input type="checkbox"/>	Chest		
	Appearance of tympanic membranes	<input type="checkbox"/>		Appearance and function of chest wall	<input type="checkbox"/>
<i>Nose</i>	Obstruction to breathing	<input type="checkbox"/>	<i>Breasts</i>	Appearance, asymmetry, tenderness, masses, nipple discharge	<input type="checkbox"/>
	Septal deviation and/or perforation	<input type="checkbox"/>	<i>Lungs</i>	Type of respiration, character of breath sounds; presence of rales, rhonchi, wheezes or rubs	
	Discharge	<input type="checkbox"/>	<i>Heart</i>		
<i>Mouth</i>	Sores	<input type="checkbox"/>		Apex location, precordial movements or thrills	<input type="checkbox"/>
	Dental status	<input type="checkbox"/>	<i>Auscultation</i>		
	Appearance and palpation of mucosa tongue, gums floor of mouth	<input type="checkbox"/>		Heart sounds: S1, S2, S3, S4	<input type="checkbox"/>
	Appearance of tonsils, pharynx	<input type="checkbox"/>		Presence of murmurs, clicks, rub, split sounds	<input type="checkbox"/>
	Appearance & movement of uvula, palate gag reflex	<input type="checkbox"/>		Radiation of murmurs	<input type="checkbox"/>
Neck			Pulses		
	Palpable masses	<input type="checkbox"/>		Carotids	<input type="checkbox"/>
	Thyroid	<input type="checkbox"/>		Brachials	<input type="checkbox"/>
	Location of trachea	<input type="checkbox"/>		Radials	<input type="checkbox"/>
	Venous engorgement	<input type="checkbox"/>		Femorals	<input type="checkbox"/>
	Bruits	<input type="checkbox"/>		Dorsalis pedis	<input type="checkbox"/>
	Flexibility	<input type="checkbox"/>		Posterior Tibials	<input type="checkbox"/>

Summary of positive findings:

Outline for Physical Examination
(continued from previous page)

Spine			Neurological	
	Mobility	<input type="checkbox"/>	Mental status	<input type="checkbox"/>
	Tenderness	<input type="checkbox"/>	Cranial nerves	<input type="checkbox"/>
	Curvature	<input type="checkbox"/>	Cerebellar function	<input type="checkbox"/>
Abdomen			Muscle strength	<input type="checkbox"/>
	Appearance (distended, flat, scaphoid)	<input type="checkbox"/>	Reflexes	<input type="checkbox"/>
	Abnormal movements	<input type="checkbox"/>	Gait and station	<input type="checkbox"/>
	Dilated veins	<input type="checkbox"/>	Rapid sensory exam including vibratory	<input type="checkbox"/>
	Striae	<input type="checkbox"/>		
<i>Auscultation</i>	Bowel sounds	<input type="checkbox"/>	Extremities	
	Bruits	<input type="checkbox"/>	Skin color	<input type="checkbox"/>
	Rubs	<input type="checkbox"/>	Temperature	<input type="checkbox"/>
<i>Percussion</i>	Distention	<input type="checkbox"/>	Texture	<input type="checkbox"/>
	Organ size	<input type="checkbox"/>	Varicosities	<input type="checkbox"/>
<i>Palpation</i>	Resistance	<input type="checkbox"/>	Clubbing	<input type="checkbox"/>
	Tenderness	<input type="checkbox"/>	Edema	<input type="checkbox"/>
	Rebound	<input type="checkbox"/>	Joint motions	<input type="checkbox"/>
	Organs (liver, spleen, bladder)	<input type="checkbox"/>	Muscular abnormalities	<input type="checkbox"/>
	Masses	<input type="checkbox"/>	Circumference	<input type="checkbox"/>
	Epigastric or incisional hernia	<input type="checkbox"/>		

Genital, Prostate or Pelvic Examination	Rectal Exam and Stool Sample
List any abnormal findings:	List positive findings:

LABORATORY	
CBC	
Fast Chem profile	
U/A	
EKG (if indicated)	
PPD	

On the basis of your examination, is the candidate free from any medical condition or other impediment that would render him/her unsuitable for the tasks of ordained ministry? (If you have any confidential information that would render the candidate unacceptable, please so indicate here and forward details to the Bishop by confidential communication.)

Examiner's Signature M.D.

Address

/

Phone Number/Fax Number

Check the appropriate box for the disorders you have or have had in the past.

Infectious Diseases	Yes	No	Respiratory System	Yes	No
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Sinus Infection	<input type="checkbox"/>	<input type="checkbox"/>
Frequent sore throats	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Dysentery (Chronic)	<input type="checkbox"/>	<input type="checkbox"/>	Hay fever	<input type="checkbox"/>	<input type="checkbox"/>
Infantile Paralysis (Polio)	<input type="checkbox"/>	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	Pleurisy	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Skin diseases or eczema	<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough	<input type="checkbox"/>	<input type="checkbox"/>
Fevers	<input type="checkbox"/>	<input type="checkbox"/>	Chronic hoarseness	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Chills	<input type="checkbox"/>	<input type="checkbox"/>	Coughing up blood	<input type="checkbox"/>	<input type="checkbox"/>
Lymph node enlargement	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
Heart and Blood Vessels	Yes	No	Nervous System	Yes	No
High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Epileptic or other fits	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	<input type="checkbox"/>	<input type="checkbox"/>
Pain in chest	<input type="checkbox"/>	<input type="checkbox"/>	Mental or nervous diseases (family)	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	Mental or nervous diseases (self)	<input type="checkbox"/>	<input type="checkbox"/>
Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>	Dizzy spells	<input type="checkbox"/>	<input type="checkbox"/>
Palpitations	<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Visual problems	<input type="checkbox"/>	<input type="checkbox"/>
Swollen ankles	<input type="checkbox"/>	<input type="checkbox"/>	Deafness	<input type="checkbox"/>	<input type="checkbox"/>
Anemia or blood disease	<input type="checkbox"/>	<input type="checkbox"/>	ringing ears, hearing difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Coagulation disorder	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>	<input type="checkbox"/>
Elevated cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	Weakness of limbs	<input type="checkbox"/>	<input type="checkbox"/>
			Numbness	<input type="checkbox"/>	<input type="checkbox"/>
Digestive System	Yes	No	Miscellaneous	Yes	No
Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Lymphoma or Other Blood Disease	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes or sugar disease (family)	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes or sugar disease (self)	<input type="checkbox"/>	<input type="checkbox"/>
Bloody stools	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	<input type="checkbox"/>	<input type="checkbox"/>
Marked over or underweight	<input type="checkbox"/>	<input type="checkbox"/>	Foot problems	<input type="checkbox"/>	<input type="checkbox"/>
Recent weight loss	<input type="checkbox"/>	<input type="checkbox"/>	Back pain	<input type="checkbox"/>	<input type="checkbox"/>
Gall bladder disease	<input type="checkbox"/>	<input type="checkbox"/>	Joint pain	<input type="checkbox"/>	<input type="checkbox"/>
Hernia (rupture)	<input type="checkbox"/>	<input type="checkbox"/>	Allergy to any food, medicine or injection	<input type="checkbox"/>	<input type="checkbox"/>
			Blood transfusions	<input type="checkbox"/>	<input type="checkbox"/>
Genitourinary System	Yes	No	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	Daily use of nicotine (past 5 years)	<input type="checkbox"/>	<input type="checkbox"/>
Kidney stones	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been a habitual user of any habit forming drugs or received treatment for alcoholism or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Prostate disease	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had any illnesses (mental or physical) or accidents other than those mentioned?	<input type="checkbox"/>	<input type="checkbox"/>
Bladder disease	<input type="checkbox"/>	<input type="checkbox"/>			
Blood in urine	<input type="checkbox"/>	<input type="checkbox"/>			
Pain in passing urine	<input type="checkbox"/>	<input type="checkbox"/>			
Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>			

I hereby declare that my answers to the above questions are full and true.

(Full signature of applicant)
Signed at _____ in my presence, this _____ day of _____,

(Physician)