

PERSONAL DATA INVENTORY
(Confidential*)

Today's Date _____
Name _____
Cell Phone () _____ Home Phone () _____
Email address _____
Address _____

Place of employment _____
Work Phone () _____ Sex _____ Birth Date _____ Age _____
Marital Status: Single__ Married__ Going Steady__ Separated__
Widowed__ Divorced__
Education (last year completed): _____ Degrees or certificates: _____

Other training: _____
Referred here by: _____

HEALTH INFORMATION:

Rate your health (check): Very good__ Good__ Average__ Declining__ Poor__
Weight changes recently: Lost__ Gained__ (number of pounds)
List all important present or past illnesses or injuries or handicaps:

Date of last medical examination: _____
Report: _____
Physician's name and address: _____

Are you presently taking medication? Yes__ No__ If yes, list _____

Have you ever been arrested? Yes__ No__ (We want to make sure that any serious incidents in your past have been dealt with in a biblical manner.) When? _____
State circumstances: _____

If the counselor believes that it would be helpful to see your social, psychiatric or medical reports, would you be willing to sign a release of information form? Yes__
No__

** All information provided on this form will be kept confidential in the same manner as that disclosed during counseling sessions. Please see our Confidentiality Policy.*

RELIGIOUS BACKGROUND:

Denominational preference: _____

Membership: _____

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Church attended in childhood _____

Religious background of spouse (if married) _____

Do you believe in God? Yes__ No__ Uncertain__

Do you pray to God? Never__ Occasionally__ Often__

Are you saved? Yes__ No__ Not sure what you mean__

Have you been baptized? Yes__ No__ At what age? _____

How frequently do you read the Bible? Never__ Occasionally__ Often__

Do you have regular family devotions? Yes__ No__

Explain any recent changes in your religious life: _____

MARRIAGE AND FAMILY INFORMATION:

Name of spouse: _____

Address (if different) _____

Phone _____ Occupation _____ Business phone _____

Spouse's age__ Education (in years) _____ Religion _____

Is your spouse willing to come for counseling? Yes__ No__ Uncertain _____

Have you ever been separated? Yes__ No__ When? _____

Has either of you ever filed for divorce? Yes__ No__ When? _____

Date of marriage _____

Your ages when married: Husband__ Wife__

How long did you know your spouse before marriage? _____

Length of dating with spouse: _____ Length of engagement: _____

Give brief information about any previous marriages: _____

Information about children:

PM*	Name	Age	Sex	Living?	Education	Marital Status
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Check this column if child is by a previous marriage.

If you were reared by anyone other than your parents, briefly explain:

How many older brothers__ Sisters__ do you have?

How many younger brothers__ Sisters__ do you have?

Have there been any deaths in the family during the last year? Yes__ No__

Who and when: _____

PERSONALITY INFORMATION:

Have you ever used drugs for other than medical purposes? Yes__ No__

What: _____

When: _____

Have you ever had a severe emotional upset? Yes__ No__

Explain: _____

Have you ever had any psychotherapy or counseling before? Yes__ No__

If yes, list dates:

What was the outcome? _____

Circle any of the following words that best describe you now:

active ambitious self-confident persistent nervous hardworking impatient

impulsive moody often-blue excitable imaginative calm serious easy-going

shy good-natured introvert extrovert likable leader quiet hard-boiled

submissive self-conscious lonely sensitive other _____

Have you ever had hallucinations? Yes__ No__

Do you have problems sleeping? Yes__ No__

How many hours of sleep do you average each night? _____

PASTORAL INFORMATION:

Pastor's Name _____ Phone _____

Church Name _____ Phone _____

Church Address _____ Zip _____

Permission to consult with pastor as deemed helpful by counselor:

Yes ____ No ____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

1. What is your problem? (What brings you here?)
2. What have you done about it?
3. What do you want us to do? (What are your expectations in coming here?)
4. What brings you here **at this time**?
5. Is there any other information we should know?