

Personal Data Inventory

Name _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Today's date _____ E-mail address _____

Sex _____ Date of Birth _____ Age _____ Referred here by _____

Have you received counseling or psychotherapy before? Yes _____ No _____ If Yes, list
counselors and approximate dates _____

What was the outcome? _____

Have you ever been arrested? Yes _____ No _____ If Yes, explain briefly _____

How long have you lived in this area? _____ Where are you from? _____

Health Information

Rate your health (check) Very good _____ Good _____ Average _____ Declining _____ Failing _____

Height _____ Approximate weight _____ Recent weight changes _____

List every physician you have seen in the last two years (list regular physician first):

Doctor _____ Reason _____

Doctor _____ Reason _____

Doctor _____ Reason _____

Doctor _____ Reason _____

Date of last physical examination _____ Results _____

List all important illnesses, injuries, or handicaps (past or present) _____

Are you presently taking any medication? Yes ____ No ____ If Yes, list the medications and the Doctor that prescribed them (include all over the counter medications you use) _____

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

How many hours of sleep do you average per night? _____ Have there been any recent changes? _____ Is this sleep restful? _____ Do you have trouble sleeping? _____

Do you smoke? Yes ____ No ____ Use alcohol, even moderately? Yes ____ No ____

Religious Background

Church currently attending _____ How long? _____

Church address _____ City _____ State ____ Zip _____

Church's denomination or affiliations _____ Church phone _____

Pastor's name _____ Have you discussed this problem with your Pastor? ____

Does your Pastor know you are seeking counsel from us? Yes ____ No ____

Are you a member of your church? Yes ____ No ____ Baptized? Yes ____ No ____

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

Have you ever been disciplined by a church? Yes ____ No ____ If Yes, explain _____

Have you ever left a church for any reason other than moving from the community? _____

If so, explain briefly _____

Religious background in childhood _____

Do you consider yourself a religious person? Yes ____ No ____ Uncertain ____

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 ____

Do you believe you will go to heaven when you die? _____

Do you read the Bible? Never ____ Occasionally ____ Often ____

Explain any changes in your religious life in the last three years _____

Marriage and Family Information

Name of spouse _____ Date of Marriage _____

Address if different _____

Cell phone no. _____ Work phone no. _____

Occupation _____ Employer _____

Spouse's birthday _____ Age _____

Spouse's education _____

Is your spouse willing to come with you for counseling? Yes ____ No ____ Uncertain ____

Your ages when married: Husband ____ Wife ____ Length of engagement _____

How long did you know your spouse before marriage? _____

Have you ever been separated? Yes ____ No ____ When? From _____ to _____

Has either of you ever filed for divorce? Yes ____ No ____ When? _____

Give brief information about previous marriages _____

Information about children:

PM?	Name	Age	Sex	Education	Marital Status	Living? (Y/N)

Check the PM column if child is by a previous marriage.

Briefly describe the home you grew up in _____
 _____ Where? _____

How many older brothers _____ sisters _____ do you have?

How many younger brother _____ sisters _____ do you have?

Are your parents living? _____ Where do they live? _____

Characterize your relationship to your parents and siblings. _____

Education

H. S. Graduate? _____ Year? _____ List the schools you have attended and degrees earned since high school: _____

Employment

Employer _____ Work Phone No. _____

Address _____

How long? _____ What other training or skills do you have? _____

Explain any employment changes in the past three years _____

Does your present work satisfy you? If not, please explain: _____

Present annual personal income: _____ Household annual income: _____

Briefly Answer the Following Questions:

What is the main problem as you see it? What brings you here? _____

When did it start? Specify a date if possible: _____

What have you done about it? _____

What can **we** do? (What are your expectations in coming here?) _____

As you see yourself, what kind of person are you? Describe yourself. _____

Is there any other information we should know? _____

