

Personal Data Inventory

Date _____

Identification data

Name _____ Phone – (H) _____ Email _____

Address _____ City _____ Zip _____

Occupation _____ Bus Phone _____ Cell _____

Sex _____ Birth date _____ Age _____ Height _____

Marital Status Single ___ Going steady ___ Married ___ Separated ___ Divorced ___ Widow ___

Education (last year completed) _____ (grade) _____ Other training (list type and years):

How did you hear about us? _____

Health information

Rate your health (check): Very Good ___ Good ___ Average ___ Declining ___ Other _____

Your approximate weight _____ Weight changes recently: Lost ___ Gained _____

List all important present or past illnesses, injuries or handicaps: _____

Date of last medical exam _____ Report _____

Your physician _____ Address _____

City _____ State ___ Zip _____ Phone _____

Are you presently taking any medication? Yes ___ No ___ What? _____

Have you used drugs for other than medical purposes? Yes ___ No ___ What? _____

Have you ever had a severe emotional upset? Yes ___ No ___ Explain: _____

Have you ever been arrested? Yes ___ No ___

Are you willing to sign a release of information form so that your counselor may write for social,

psychiatric or medical reports? Yes ___ No ___

Religious background

Name of church currently attending: _____ Member? _____

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

Church attended in childhood: _____ Baptized? Yes ___ No ___

Religious background of spouse (if married) _____

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 _____

How much do you read the Bible? Never ___ Occasionally ___ Often ___

Do you have regular family devotions? Yes ___ No ___

Do you serve in your church? If so what is that responsibility? _____

Are you in a small group at your church? Yes ___ No ___

Explain recent changes in your religious life, if any _____

Medical information

What if any medical issues do you have? _____

Do you have problems sleeping? Yes _____ No _____

Personality information

Circle (or put in bold) any of the following words which 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 _____

Do you have problems sleeping? Yes ___ No ___

Marriage and family information:

Name of spouse _____ Address _____

Phone _____ Occupation _____ Bus. Phone _____

Your spouses age _____ Education (in years) _____ Religion _____

Is your spouse willing to come for counseling? Yes ___ No ___ Uncertain ___

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

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 steady dating with spouse _____ Length of engagement _____

Give brief information about any previous marriages: _____

Information about children:

Please list below: Names, Age, Sex, Living? Education (in years), Marital status

Days and times you available for counseling*:

Monday:	Tuesday:	Wednesday:	Thursday
Morning _____	Morning _____	Morning _____	Morning _____
Afternoon _____	Afternoon _____	Afternoon _____	Afternoon _____
Evening _____			Evening _____

* Counseling sessions are 1 hour in length and are set for the same day and time each week.

Briefly answer the following questions:

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

2. What have you done about it?

3. What can we do? What are your expectations in coming here?

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

5. Is there any other information we should know?