

**Personal Data Inventory**

Date \_\_\_\_\_

**Identification data**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Occupation \_\_\_\_\_ Bus Phone \_\_\_\_\_

Sex \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_

Marital Status Single \_\_\_ 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 \_\_\_\_\_

Height \_\_\_\_\_ Approximate weight \_\_\_\_\_ Recent weight change: Lost \_\_\_\_\_ Gained \_\_\_\_\_

List all important past illnesses, injuries or handicaps: \_\_\_\_\_  
\_\_\_\_\_

What if any current medical issues do you have? \_\_\_\_\_  
\_\_\_\_\_

Do you have problems sleeping? Yes \_\_\_\_\_ No \_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

**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 are 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?

(revised 03.17.10)