

Date \_\_\_\_\_ File # \_\_\_\_\_

## PERSONAL DATA INVENTORY

Sunrise Community Church/DISCIPLESHIP COUNSELING

Please complete this inventory carefully.

### Personal Identification

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age; \_\_\_\_\_ Sex \_\_\_\_\_ Referred by \_\_\_\_\_

Marital Status: Single Engaged Married Separated Divorced Widowed

Education (last year completed): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Year: \_\_\_\_\_

### Marriage and Family

Spouse: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ How long employed: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Length of Dating: \_\_\_\_\_

Give a brief statement of circumstances of meeting and dating: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have either of you been previously married? \_\_\_\_\_ To Whom? \_\_\_\_\_

Have you ever been separated? \_\_\_\_\_ Filed for divorce? \_\_\_\_\_

Is spouse willing to come for counseling? NO YES Uncertain

### **Information about Children**

**Name Age Sex Where Living Grade Step-Child Y/N**

Name	Age	Sex	Where Living	Grade	Step-Child Y/N

**Problem Check List**

Anger	Depression	Loneliness
Anxiety	Drunkeness	Lust
Apathy	Envy	Memory
Appetite	Fear	Moodiness
Bitterness	Finances	Perfectionism
Change in lifestyle	Gluttony	Rebellion
Children	Guilt	Sex
Communication	Health	Sleep
Conflict (fights)	Homosexuality	Wife Abuse
Deception	Impotence	A Vice
Decision Making	In-laws	Other

**Briefly answer the following questions**

1. What circumstances led to your coming here at this point in time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What have you done about the problem? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What are your expectations from counseling? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Is there any other information that we should know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe relationship to your father: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe relationship to your mother: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of sibling(s): \_\_\_\_\_ Your place in sibling order: \_\_\_\_\_

Did you live with anyone other than parents? \_\_\_\_\_

Are our parents living? \_\_\_\_\_ Do they live locally? \_\_\_\_\_

### **Health**

Rate your health (check): Very Good Good Average Declining Other \_\_\_\_\_

Weight changes recently: Lost \_\_\_\_\_ Gained \_\_\_\_\_

Do you have any chronic conditions? \_\_\_\_\_ What: \_\_\_\_\_

List important illnesses and injuries or handicaps: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last medical exam; \_\_\_\_\_ Report: \_\_\_\_\_

Physician's name and address: \_\_\_\_\_

Current medication(s) and dosage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever used drugs for anything other than medical purposes? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_

Do you drink alcoholic beverages? \_\_\_\_\_ If so, how frequently and how much? \_\_\_\_\_

Do you drink coffee? \_\_\_\_\_ How much? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ What: \_\_\_\_\_ Frequency: \_\_\_\_\_

Have you ever had interpersonal problems on the job? \_\_\_\_\_

\_\_\_\_\_

Have you ever had a severe emotional upset? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever seen a psychiatrist or counselor? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records? \_\_\_\_\_

\_\_\_\_\_

### **Spiritual**

Church attending: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_  
Member: Y or N

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

Do you attend a Home Church or Small Group? \_\_\_\_\_

Do you believe in God? \_\_\_\_\_ Do you pray? \_\_\_\_\_

Would you say that you are a Christian? \_\_\_\_\_ Or still in the process of becoming a Christian?

\_\_\_\_\_

Have you ever been baptized? \_\_\_\_\_

How often do you read the Bible? Never Occasionally Often Daily

Explain any recent changes in your religious life: \_\_\_\_\_

\_\_\_\_\_

Are you involved in some kind of ministry at your church or elsewhere? \_\_\_\_\_

Do you financially support your church on a regular basis? Yes No

Have you come to the place in your spiritual life where you know for certain that if you were to die today you would go to heaven, or is that something you would say you're still working on? \_\_\_\_\_

\_\_\_\_\_

Suppose you were to die today and stand before God and He were to say to you, "Why should I let you into My heaven?" what would you say? \_\_\_\_\_

\_\_\_\_\_

**Women Only**

Have you had any menstrual difficulties? \_\_\_\_\_ If you experience tension, tendency to cry, other symptoms prior to your cycle, please explain: \_\_\_\_\_

\_\_\_\_\_

If your husband willing to come for counseling? \_\_\_\_\_

\_\_\_\_\_

Is he in favor of your coming? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_