

PERSONAL DATA INVENTORY

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

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

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: _____

Problem Check List

Anger	Depression	Loneliness
Anxiety	Drunkenness	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? _____

