

PERSONAL DATA INVENTORY

IDENTIFICATION DATA:

Name _____ Phone _____

Address _____

Occupation _____ Business Phone _____

Sex _____ Birth Date _____ Age _____ Height _____

Marital Status: Single _____ Going Steady _____ Married _____ Separated _____ Divorced _____ Widowed _____

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

Referred here by _____

HEALTH INFORMATION:

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

Your approximate weight _____ lbs. Weight changes recently: Lost _____ Gained _____

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

Date of last medical examination _____

Report _____

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

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

Have you ever enrolled in any treatment programs? Yes _____ No _____ Duration _____ Which one(s) _____

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

Have you ever been arrested? Yes _____ No _____ Explain _____

RELIGIOUS BACKGROUND:

Denominational preference: _____ Member _____

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

Church attended in childhood _____

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 _____

Baptized? Yes _____ No _____ Date _____

Do you have regular family devotions? Yes _____ No _____ Do you have a personal quiet time? Yes _____ No _____

Are you in a small group? Yes _____ No _____ If so, who is your small group leader? _____

Describe your walk with Christ:

PERSONALITY INFORMATION:

Have you ever had any psychotherapy or counseling before? Yes _____ No _____

If yes, list counselor or therapist and dates:-

What was the outcome? _____

AVAILABILITY:

In an attempt to establish appointments with an available counselor, please provide the days of the week and corresponding times that you are available to meet for regularly scheduled meetings. In general, meetings are not scheduled on the weekends or Mondays, as the office is closed. We will make every effort to satisfy the meeting times you request below, but do to the high volume we cannot guarantee that those times will be precise.

MARRIAGE AND FAMILY INFORMATION:

Name of spouse _____ Address _____

Phone _____ Occupation _____

Your spouse's age _____ Education (in years) _____ Religious Background _____

Is spouse willing to come for counseling? Yes _____ No _____ Uncertain _____

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

Have 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:

PM*	Name	Age	Sex	Living Yes/No	Education in years	Marital Status
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*Check this column if child is by previous marriage

If you were reared by anyone other than your own parents, briefly explain _____

How many older brothers _____ sisters _____ do you have?

How many younger brothers _____ sisters _____ do you have?