

PERSONAL DATA INVENTORY

(Fill out completely and make available to your counselor at your first session.)

IDENTIFICATION DATA:

Name: _____ Phone: _____

Address: _____

Occupation: _____ Email: _____

Sex: ___ Birth Date: _____ Age: ___ Separated ___ Divorced ___ Widowed ___

Education: (last year completed) _____ Other training: _____

Referred here by: _____

HEALTH INFORMATION:

Rate your health: Very Good ___ Good ___ Average ___ Declining ___ Other _____

Your approximate weight: _____ lbs.

Recent weight changes: Lost ___ lbs., Gained ___ lbs.

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

Date of last Medical Examination: _____ Report: _____

Your Physician: _____ Address: _____

Are you currently taking medication? Yes ___ No ___ If so, What? _____

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

Which drugs? _____

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

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

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:

Home Church: _____

Member: Yes ___ No ___ Church Attendance (circle): 0 1 2 3 4 5 6 7 8 9 10+ per month.

Church Attended in childhood: _____

Baptized? Yes ___ No ___

Do you consider yourself a religious person? Yes ___ No ___ Uncertain ___

Do you believe in God? Yes ___ No ___ Uncertain ___

Are you saved? Yes ___ No ___ Not sure what you mean ___

Do you pray to God? Never ___ Occasionally ___ Often ___

How frequently do you read the bible? Never ___ Occasionally ___ Often ___

How frequently do you have family devotions? Never ___ Occasionally ___ Often ___

Explain recent changes in your religious life, if any: _____

PERSONALITY INFORMATION:

Have you ever sought out psychotherapy or counseling before? Yes ___ No ___

If yes, list counselor and dates: _____

What was the reason/outcome? _____

CIRCLE 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 likeable leader quiet hardened
submissive self-conscious lonely sensitive other: _____

Have you ever felt people watching you? Yes ___ No ___

Do people's faces ever seem distorted? Yes ___ No ___

Do you ever have difficulty distinguishing faces? Yes ___ No ___

Do colors ever seem too bright? Yes ___ No ___

Are you sometimes unable to judge distance? Yes ___ No ___

Have you ever had hallucinations? Yes ___ No ___

Are you afraid of being in a car? Yes ___ No ___

Is your hearing exceptionally good? Yes ___ No ___

Do you have problems sleeping? Yes ___ No ___

MARRIAGE, FAMILY, & SEXUALITY INFORMATION:

(Never married, check here and skip to * below.)

Name of spouse: _____ Spouse's Age: _____

Occupation: _____ Phone: _____

Address: _____ Email: _____

Education (yrs.) _____ Religion: _____

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

Have you ever been separated? Yes __ No __ How many times? __ Explain: _____

Have either of you ever filed for divorce? Yes __ No __ When? _____

Date of marriage: _____ 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? (Y/N)	Education (In Years)	Marital Status	Living w/ You

⁺ Check PM column if child is by previous marriage

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

How many *older* brothers _____ & sisters _____ do you have?

How many *younger* brothers _____ & sisters _____ do you have?

Have you been involved in any way with pornography? Yes __ No __

When? _____ What was the extent of the involvement? _____

Have you been involved in sexual activity outside of marriage? Yes __ No __

When? _____ What was the extent of the involvement? _____

PLEASE 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 DO YOU WANT US TO DO ABOUT IT?

4). AS YOU SEE YOURSELF, WHAT KIND OF PERSON ARE YOU? (Describe yourself.)

5) IS THERE ANY OTHER INFORMATION WE SHOULD KNOW?
