

# PERSONAL DATA INVENTORY

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

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

Referred by: \_\_\_\_\_

## HEALTH INFORMATION

Rate your health: Very Good \_\_\_ Good \_\_\_ Average \_\_\_ Declining \_\_\_ Other \_\_\_\_\_

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: \_\_\_\_\_ Phone: \_\_\_\_\_

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: \_\_\_\_\_ times/month. 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: \_\_\_\_\_

\_\_\_\_\_

If none of the above fits your religious experience, explain your religious background, beliefs, and practices:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **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

Personality changes over time (i.e., I used to be lighthearted, now I'm serious.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever had hallucinations? 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? \_\_\_\_\_

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**GENERAL QUESTIONS**

1) WHAT IS THE MAIN PROBLEM AS YOU SEE IT? (What brings you here?)

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2) WHAT HAVE YOU DONE ABOUT IT?

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3) WHAT DO YOU WANT US TO DO ABOUT IT?

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

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5) IS THERE ANY OTHER INFORMATION WE SHOULD KNOW?

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