Personal Data Inventory

Identification Data **Date:**

1. Name: ______________________________ 2. Phone: ______________
3. Address/City/Zip**:**

____

4. Email:____
5. Occupation: __________________________ 6. Business phone: ______________
7. Birth Date: __________ 8. Sex: ☐ Male ☐ Female 9. Age: ____________
10. Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Remarried ☐ Widow
11. Education: ☐ Elementary ☐ High School ☐ GED ☐ College ☐ Graduate ☐ Degree:________
12. Other Training (List type and years):________________________________

____

13. Hobbies: ____
14. Referred to us by: ______________ Relationship: ______________________
15. If you were raised by anyone other than your own parents, briefly explain: ______________

____

16. How many siblings do you have? Older brothers: ___ Sisters: ___ Younger brothers: ___ Sisters: ___

Marriage Information:

17. Name of Spouse: ____________________ Address: ______________________

    Occupation: ______________________ Phone: ________________ Age: ____

    Business Phone: ____________ Religion: ____________ Education: __________

18. Does your spouse know you are coming for counseling? ☐ Yes ☐ No
19. Is your spouse willing to come to counseling? ☐ Yes ☐ No ☐ Uncertain
20. Have you ever been separated? ☐ Yes ☐ No When? From: ________ Till: ________
21. Your ages when married: Husband: _______ Wife: ________ Wedding Date: _________
22. How long did you know your spouse before marriage? __________________
23. Length of steady dating with spouse: __________ Length of engagement: __________
24. Give brief information about any previous marriages: ___________________________

____

____

25. Information about children:

*(PM)	NAME	BIRTHDATE	SEX	CURRENTLY LIVING ?	EDUCATION	MARITAL STATUS
				yes/no		

*this colmn if child is by a previous marriage

History Information:

26. Have you ever had a severe emotional upset? ☐ Yes ☐ No

27. Have you ever had any psychotherapy or counseling before? ☐ Yes ☐ No

If yes, list counselor or therapist and dates:

____

____

What was the outcome?

____

28. Check off any of the following words which best describe you now:

☐ active	☐ ambitious	☐ self confident	☐ persistent	☐ anxious
☐ hardworking	☐ impatient	☐ impulsive	☐ moody	☐ often sad
☐ excitable	☐ imaginative	☐ calm	☐ serious	☐ easy going
☐ shy	☐ fearful	☐ introvert	☐ extrovert	☐ likeable
☐ leader	☐ quiet	☐ inflexible	☐ submissive	☐ sensitive
☐ lonely	☐ self-conscious	☐ bitter	☐ angry	

29. At any time have you:

Felt people were watching you?	☐ Yes	☐ No
Had difficulty recognizing faces?	☐ Yes	☐ No
Been unable to judge distance?	☐ Yes	☐ No
Had visual hallucinations?	☐ Yes	☐ No
Had auditory (hearing) hallucinations?	☐ Yes	☐ No

30. List fears you have:

____

____

____

31. Have you ever been arrested? ☐ Yes ☐ No Reason:

____

Health Information

32. Approximately how many hours of sleep do you get each night? ______________

33. When do you go to sleep at night? ____________ When do you get up? ___________

34. Rate your health: ☐ Very Good ☐ Good ☐ Average ☐ Declining ☐ Other ________________

35. Your approximate: Weight _________ Height _________

36. Weight changes recently: Lost _________ Gained _________

37. List all important present and past illnesses, injuries, or handicaps:

____

____

38. Date of last medical examination: ________ What was the report? _______________________

39. Name and address of your physician:

____

____

40. Are you presently taking medication? ☐ Yes ☐ No What ________________________

41. Have you used drugs for other than medical purposes? ☐ Yes ☐ No What ______________

42. 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

43. Denominational preference: ____________________________

44. What church do you attend? __________________________ City: ________________

45. Who is your pastor____________________________

46. May we contact your pastor for background information? ☐ Yes ☐ No

47. What is the number of church services you attend per month? (circle)

0 1 2 3 4 5 6 7 8 9 10 10+

48. Church attended in childhood: ____________________________

49. Have you been baptized? ☐ Yes ☐ No

50. Religious background of spouse: ____________________________

51. Do you believe in God? ☐ Yes ☐ No ☐ Uncertain

52. Do you pray to God? ☐ Yes ☐ No ☐ Occasionally

53. Have you come to the place in your spiritual life where you can say that you know for certain that if you were to die today you would go to heaven? ☐ Yes ☐ No ☐ Uncertain

54. Suppose you died today and God asked you "Why should I let you into my heaven?" What would you say?

____

____

____

____

55. Are you saved? ☐ Yes ☐ No ☐ Uncertain

56. How much do you read the Bible? ☐ Often ☐ Never ☐ Occasionally

57. Does your family regularly read the Bible and pray together?☐ Yes ☐ No

58. Explain any recent changes in your religious life, if any?

____

____

Five Basic Questions

Briefly answer the following questions:

1. What are the issues you are struggling with?

____

____

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____

2. What have you done about it?

____

____

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____

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3. What do you want us to do? (What are your expectations in coming here?)

____

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____

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4. What circumstances led you to seek counsel here at this time?

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5. Is there any other information that would be we should know?

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