Personal Data Inventory

Identification Data:

1. Name _____ 2. Phone _____ 3. Date _____

4. Address/City/Zip _____

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	LIVING ? yes/no	EDUCATION	MARITAL STATUS

*Check this column if child is by 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 is your problem?

_____

_____

_____

_____

2. What have you done about it?

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

4. What brings you here at this time?

_____

_____

_____

_____

_____

5. Is there any other information we should know?

_____

_____

_____

_____