Personal Data Inventory (optional)

Date_____

Name _____ Best Phone # (____) _____ ___

Address_____ City _____ State _____ Zip _____

Email _____ Occupation_____

Sex_____ Birth Date _____ Age_____ Height_____

Marital Status: Single ___ Dating ____ Married ___ Separated ___ Divorced ___ Widowed _____

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

_____

Referred here by _____ Address _____ _____

City _____ State _____ Zip _____ Phone (___) _____

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, injuries or handicaps: _____

_____

Date of last medical examination_____ Report: _____

Your physician_____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

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

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

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

Have you ever been arrested? Yes ___ No____

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:

Denominational preference:_____ Member _____

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

Church attended in childhood: _____ Baptized? Yes ____ No ____

Religious background of spouse (if married) _____

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

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 ___

Do you have regular family devotions? Yes___ No ___

Explain recent changes in your religious life, if any _____

_____

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? _____

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 likable leader quiet hard-boiled submissive self-conscious lonely sensitive other _____

Have you ever experienced debilitating anxiety? Yes ___ No ___

Do you have any unusual fears? Yes ___ No ___

Have you ever self mutilated (ex: cutting yourself)? Yes ___ No ___

Have you ever experienced hallucinations? Yes ___ No ___

Have you ever thought of/or attempted suicide? Yes __ No __

Have you ever experienced eating problems? Yes ___ No ___ Explain: Binging ___ Purging ___

Do you have problems sleeping? Yes ___ No ___ Explain: too little ___ too much ___

Marriage and Family Information:

Name of spouse _____

Address _____

City _____ State _____ ZIP _____ Phone (____)_____

Occupation _____ Business Phone (____)_____

Your spouse's age _____ Education (in years) _____ Religion _____

Is your spouse willing to come for counseling? Yes ___ No ___ Uncertain ____

Have you ever been separated? Yes ___ No ___ When? from _____ to _____

Has either of 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:

Name	Age	Sex	Living? Yes/No	Education (in years)	Marital Status

* 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 siblings do you have? brothers _____ sisters _____

How many younger siblings do you have? brothers _____ sisters _____