

# Copy of Personal Data Inventory

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Please fill out this form and click submit.

**Today's Date \***

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**Name \***

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**Address \***

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**Best phone # to reach you \***

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**Email**

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**Occupation**

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**Sex**

*Please select one option.*

Male

Female

**Birthdate**

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**Age**

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**Height**

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**Marital Status**

*Please select one option.*

- Single
- Dating
- Married
- Separated
- Divorced
- Widowed

**Education (last year completed)**

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**Other training (list type and years)**

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**Referred here by:**

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**Health Information**

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**Rate your health**

*Please select one option.*

- Very Good
- Good
- Average
- Declining
- Other

**Your approximate weight**

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**Weight changes recently (lost or gained?)**

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**Please list all important present or past illnesses, injuries or handicaps**

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**Please tell us the date of your last medical examination. Doctor's report?**

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**Physician's Name**

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**Physician's Address**

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**Are you presently taking medication? If so, what?**

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**Have you used drugs other than for medical purposes? If so, what?**

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**Have you ever had a severe emotional upset? Explain.**

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**Have you ever been arrested? If so, please explain.**

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**Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or medical reports?**

*Please select one option.*

Yes

No

**Religious Background**

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**Denominational preference**

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**Are you a member of any congregation?**

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**Church attendance per month**

*Please select one option.*

- None
- 1-2 times
- 3-4 times
- More than 5 times

**Church attended in childhood**

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**Religious background of spouse (if married)**

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**Do you consider yourself a religious person?**

*Please select one option.*

- Yes
- No
- I'm not sure

**Do you believe in God?**

*Please select one option.*

- Yes
- No
- I'm not sure

**Do you pray to God?**

*Please select one option.*

- Often
- Occasionally
- Never

**Are you saved?**

*Please select one option.*

- Yes
- No
- Not sure what you mean

**How much do you read the Bible?**

*Please select one option.*

- Often
- Occasionally
- Never

**Do you have regular family devotions?**

*Please select one option.*

- Yes
- No

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

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## Personality Information

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**Have you ever had any psychotherapy or counseling before?**

*Please select one option.*

- Yes
- No

**If yes, list counselor or therapist, and dates:**

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**What was the outcome?**

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**Check any of the following words which best describe you:**

*Please select all that apply.*

- 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

**Have you ever experienced debilitating anxiety?**

*Please select one option.*

- Yes
- No

**Describe any fears you have.**

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**Have you ever self-mutilated (ex: cutting yourself)?**

*Please select one option.*

- Yes
- No

**Have you ever experienced hallucinations?**

*Please select one option.*

- Yes
- No

**Have you ever thought of/or attempted suicide?**

*Please select one option.*

- Yes
- No

**Have you ever experienced eating problems?**

*Please select one option.*

- Yes
- No

**Do you have problems sleeping?**

*Please select one option.*

- Yes
- No

**Finish this sentence, "People who know me best think that I am..."**

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**Finish this sentence, "If they knew the 'real me' they would know that I am..."**

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## **Marriage & Family Information**

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**Name of Spouse**

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**Address**

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**Phone**

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**Spouse's occupation**

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**Spouse's age**

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**Spouse's Education**

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**Spouse's religion (if any)**

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**Is your spouse willing to come for counseling?**

*Please select one option.*

- Yes
- No
- Not sure

**Have you ever been separated? If so, when?**

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**Has either of you ever filed for divorce? If so, when?**

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**Date of Marriage**

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**Please list your ages when you married.**

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**How long did you know your spouse before marriage?**

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**Length of engagement?**

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**Give brief information about any previous marriages.**

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**Information about children. Please list their name, age, sex, if they are still living, education, and marital status. Please note with an \* if the child is from a previous marriage.**

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**If you were raised by anyone other than your own parents, briefly explain:**

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**How many older siblings do you have?**

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**How many younger siblings do you have?**

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