



## PERSONAL DATA INVENTORY

### Identification Data:

Date \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer & Occupation \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Marital Status: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ E-Mail \_\_\_\_\_  
Education (last year completed) \_\_\_\_\_ (grade) \_\_\_\_\_ Other training (list type and years) \_\_\_\_\_  
\_\_\_\_\_

How did you hear about our counseling ministry?  Radio  Newspaper  Mail  Friend  Other \_\_\_\_\_

### Health Information:

Rate your general health:  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 \_\_\_\_\_ Doctor's Phone (\_\_\_\_) \_\_\_\_\_

Are you presently taking medication?  Yes  No If so, what? \_\_\_\_\_

Have you ever had a severe emotional upset?  Yes  No Explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested?  Yes  No

If needed, 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 \_\_\_\_\_ Church Membership At \_\_\_\_\_

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Church attended in childhood \_\_\_\_\_ Baptized?  Yes  No If yes, age \_\_\_\_\_

Religious background of spouse (if married) \_\_\_\_\_

Do you consider yourself a religious person?  Yes  No  Uncertain Do you believe in God?  Yes  No

Do you pray to God?  Never  Occasionally  Often  Everyday  Many Times Daily

Are you saved?  Yes  No  Not sure what you mean

How much do you read the Bible?  Never  Occasionally  Often  Everyday

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 that best describe you now:

active ambitious self-confident persistent nervous hardworking impatient impulsive moody often-blue excitable  
imaginative calm serious easy-going shy good-natures introvert extrovert likable leader quiet hard-boiled  
submissive self-conscious lonely sensitive depressed other \_\_\_\_\_

Have you ever felt people were watching you?  Yes  No Do people's faces ever seem distorted?  Yes  No  
Do colors ever seem too bright?  Yes  No Too dull?  Yes  No  
Are you sometimes unable to judge distance?  Yes  No Have you ever had hallucinations?  Yes  No  
Are you afraid of being in a car?  Yes  No Is your hearing exceptionally good?  Yes  No  
Do you have problems sleeping?  Yes  No

**Marriage and Family Information:**

Name of spouse \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer & Occupation \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Education (in yrs) \_\_\_\_\_ Religion \_\_\_\_\_ E-Mail \_\_\_\_\_

Is your spouse willing to come in for counseling?  Yes  No  Uncertain  
Have you ever been separated?  Yes  No If so, when? From \_\_\_\_\_ to \_\_\_\_\_  
Has either of you ever filed for divorce?  Yes  No If so, 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	Child From 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 \_\_\_\_\_



**Briefly Answer The  
Following Questions**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. What is the main problem, as you see it? What brings you here?
2. What have you done about it?
3. What can we do? What are your expectations in coming here?
4. As you see yourself, what kind of person are you? Describe yourself.
5. Is there any other information we should know?