Personal Data Inventory Form

Personal Data

Name:	Date of Birth	Age	Sex ☐ Male ☐ Female

Address (Street)	(City)	(State)	(Zip)

Home Phone#:	Cell Phone#:	Business Phone#:	Occupation

Email Address:	Education/Training: (Highest Level Achieved/Major/Licensing)	Degree Earned (If applicable)

Referred for counseling by:		

Family History

Father's Name:	Age:	Occupation:	Marital Status: ☐ Married ☐ Divorced ☐ Widowed
Religious Affiliation:		Monthly Church Attendance:	Still Living? ☐ Yes ☐ No

Mother's Name:	Age:	Occupation:	Marital Status: ☐ Married ☐ Divorced ☐ Widowed
Religious Affiliation / Church:		Monthly Church Attendance:	Still Living? ☐ Yes ☐ No

How old were you when your parents divorced?

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Describe your parent's marriage – check all that apply: ☐ Fighting – Anger – Threats ☐ Yelling – Hurtful Words	☐ Little or no showing of affection ☐ Very little communication ☐ Cold ☐ Abusive	☐ Happy ☐ Unhappy

How did you feel during childhood? Check all that apply: ☐ Very Unhappy ☐ Angry ☐ Rebellious ☐ Lonely	☐ Depressed ☐ Fearful ☐ Had lots of friends ☐ Had very few friends ☐ Happy – Non-Christian Home ☐ Unhappy – Non-Christian Home ☐ Happy christian home ☐ Unhappy christian home	Which parent/other were you closest to? ○ Father ○ Mother ○ Other Who: _____

Brothers and Sisters

(If there are more, please attach a separate sheet.)

#1 Name:	Age:	Relationship: ○ Brother ○ Step Brother ○ Sister ○ Step Sister	Marital Status:	State of residence:
#2 Name	Age:	Relationship: ○ Brother ○ Step Brother ○ Sister ○ Step Sister	Marital Status:	State of residence:
#3 Name:	Age:	Relationship: ○ Brother ○ Step Brother ○ Sister ○ Step Sister	Marital Status:	State of residence:
#4 Name:	Age:	Relationship: ○ Brother ○ Step Brother ○ Sister ○ Step Sister	Marital Status:	State of residence:

Work History

Jobs you have held in the past 5 years, dates of employment, and reasons for leaving.

Does your current work satisfy you? Please explain why or why not.

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Marital Status

Current Status

☐ Single	☐ Engaged	☐ Married	☐ Divorced	☐ Remarried	☐ Separated	☐ Widowed
When:						

How long did you date?	How long were you engaged?

Spouse's Name	Age	Cell Phone # Business Phone#: Email address:	Previously Married? ☐ Yes ☐ No How many times?	Occupation:

Describe your current marriage – check all that apply: ☐ Fighting – Anger – Threats ☐ Yelling – Hurtful Words	☐ Little or no showing of affection ☐ Very little communication ☐ Cold ☐ Abusive	☐ Unhappy ☐ Happy ☐ Loving ☐ Peaceful

Other Significant History

Please list any history of mental, emotional, psychological, or sexual suffering that would help us to understand you better.

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Children

(If there are more, please attach a separate sheet.)

Name:	Age:	Relationship: ○ Son ○ Daughter ○ Previous Relationship ○ Step Son ○ Step Daughter ○ Other ______________	Living in Your Home? ○ Yes ○ No	Marital Status: ○ Single ○ Married ○ Divorced Grade in school:
Name:	Age:	Relationship: ○ Son ○ Daughter ○ Previous Relationship ○ Step Son ○ Step Daughter ○ Other ______________	Living in Your Home? ○ Yes ○ No	Marital Status: ○ Single ○ Married ○ Divorced Grade in school:
Name:	Age:	Relationship: ○ Son ○ Daughter ○ Previous Relationship ○ Step Son ○ Step Daughter ○ Other ______________	Living in Your Home? ○ Yes ○ No	Marital Status: ○ Single ○ Married ○ Divorced Grade in school:
Name:	Age:	Relationship: ○ Son ○ Daughter ○ Previous Relationship ○ Step Son ○ Step Daughter ○ Other ______________	Living in Your Home? ○ Yes ○ No	Marital Status: ○ Single ○ Married ○ Divorced Grade in school:
Name:	Age:	Relationship: ○ Son ○ Daughter ○ Previous Relationship ○ Step Son ○ Step Daughter ○ Other ______________	Living in Your Home? ○ Yes ○ No	Marital Status: ○ Single ○ Married ○ Divorced Grade in school:

Religious Background

Name of Church Currently Attending:	Address of Church Currently Attending:	
Denomination/Affiliation:	Church Phone#	Pastor's Name:
Denomination/Affiliation/Church while you were growing up:		

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Current church attendance per month:	Do you believe in God?	Do you pray to God?	How often do you pray?	Has your praying changed recently?
○ Not at all ○ Whenever I feel like it ○ 2 to 3 times ○ Every Sunday	○ Yes ○ No	○ Yes ○ No	○ Not at all ○ Seldom ○ Regularly ○ Daily	○ No change ○ Less ○ More

Are you saved? ○ Yes ○ No ○ Not sure **Please write your testimony of salvation on page 7**	How often do you read your Bible? ○ Not at all ○ Seldom ○ Regularly ○ Daily	Which translation(s) do you prefer?	Do you believe the entire Bible is true and without errors? ○ Yes ○ No ○ Not sure	Has your Bible reading changed recently? ○ No change ○ Increased ○ Decreased

Medical History

What physical problems have you had, or currently have? Check all that apply.

☐ Heart problems	☐ Thyroid dysfunction	☐ Bowel/bladder problems	☐ Hallucinations
☐ Liver problems	☐ Diabetes	☐ Nausea or vomiting	☐ Change in sexual drive
☐ Kidney problems	☐ Hypoglycemia	☐ Recent weight changes	☐ Problems walking
☐ Head injury/concussion	☐ Lung problems	☐ Impotence	☐ Unusual hair loss
☐ Stroke	☐ Allergies	☐ Physical changes	☐ Rashes
☐ Seizures	☐ Cancer	☐ Constant hunger	☐ Memory problems
☐ Brain Tumor	☐ Bulimia	☐ Fevers	☐ Personality changes
☐ Multiple Sclerosis	☐ Anorexia	☐ Pneumonia	☐ Fatigue
☐ Parkinson's Disease	☐ Visual distortions	☐ Infections	☐ Blackouts
☐ Weakness	☐ Speech problems	☐ Amnesia	☐ Tremors
☐ Heat/cold sensitivity	☐ Menstrual irregularities	☐ Headaches	☐ Other

List all prescriptions and over-the-counter-medications you are currently taking. Please list dosage and frequency. (over-the-counter medication examples: diet pills, laxatives, birth control pills, cold & allergy medications, etc.)

Have you used drugs for other than medical purposes? ○ Yes ○ No If yes, explain.

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Health Information

List all important present or past illnesses, injuries, handicaps, or anything else that is affecting your health. Please include past or present addictions.

Date of last medical exam:	Reason:	Physician:
When was your last OB/GYN exam?		

Have you ever had severe emotional upsets?	Have you had psychotherapy, psychological, or any other counseling?
With whom?	Results:
Date(s) of counseling:	

Miscellaneous

What is your favorite verse/passage in the Bible?	Why?
What is your favorite song or group (this doesn't have to be religious)?	Why?
Do you have any hobbies?	If so, what are they?

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Please write the details of any arrest(s) here, if applicable. Number of time, dates, and details:

Please write your testimony of salvation here. **(If you need more room, please attach a separate sheet.)**

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What is/are the problem(s) that bring you here?

State in your own words what the main problem(s) is/are from your point of view.

What have you done about it?

What are your expectations in coming here? How are you going to evaluate/measure success?

Please review the Consent to Counseling document.

Please sign and date it.

If you have any questions, please see the Director of the Center.