

PERSONAL DATA INVENTORY

IDENTIFICATION DATA

Please note: this information is for the **primary** counselee. If you are coming as a couple, then one spouse fills out this section, and the other the subsequent section.

Full Name _____

Phone(s) _____

Address _____

Occupation and employer _____

Sex _____ Birth Date _____ Age _____ Height _____

Marital status (circle one): Single Engaged/Dating Married Separated

Education (last year completed): _____

If married, name of spouse: _____ Years married: _____

HEALTH INFORMATION

Rate your health (circle one): Very Good Good Average Declining Other

Your approximate weight: _____ Weight changes recently?
Lost _____ Gained _____

List all important present or past illnesses or injuries or handicaps: _____

Date of last medical examination: _____

Physician's overall report of your health: _____

Are you presently taking any medication? Yes No
If, Yes, what is it? _____

Have you used drugs for other than medical purposes? Yes No If, Yes, what?

Have you ever had a severe emotional upset? Yes No

If, Yes, please explain: _____

Have you ever been arrested? Yes No

If, Yes, please list the overall circumstances: _____

Have you ever had any psychotherapy or counseling before? Yes No

What was the outcome? _____

Are you willing to sign a release of information form so that your counselor may write for psychiatric or medical reports? Yes No

If, Yes, please list contact information: _____

Have you recently suffered the loss of someone who was close to you? Yes No

If, Yes, please explain: _____

Have you suffered loss from serious social, business, or other reversals? Yes No

If, Yes, please explain: _____

RELIGIOUS BACKGROUND

Denominational preference _____

Are you baptized? Yes No

Do you believe in God? Yes No Uncertain

Do you pray to God? Yes No Uncertain

Are you saved? Yes No Uncertain

How much do you weekly read the Bible? _____

Religious background of spouse _____

Church attendance average per month _____

Do you have regular family devotions? Yes No

Significant church experiences (i.e., youth group, marital ministries, choir, etc.): _____

What do you think it means to be a faithful Christian? _____

PERSONALITY INFORMATION

*Remember, this is for the **primary** counselee.

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

active		hardworking		excitable		shy		leader
ambitious		impatient		imaginative		good-natured		quiet
confident		impulsive		calm		introvert		stubborn
persistent		moody		serious		extrovert		submissive
nervous		authoritative		easy-going		likeable		lonely
self-conscious		sensitive		relational		disappointed		pressured

Write down the three most common ways people **closest to you** describe you:

- 1.
- 2.
- 3.

Circle all that apply to you **now**:

I am depressed

I am having marital problems

I have children

I drink too much alcohol

I use prescription drugs

I am anxious

I struggle in many relationships

I use illegal drugs

I am hopeless

I view pornography

I am fearful

I am angry

I am worthless

I am a poor communicator

I am bitter

Jesus is not real important to me I am sad I fear rejection
I have been sexually abused I have been physically abused
I have been sexually abusive I have been physically abusive

MARRIAGE AND FAMILY INFORMATION

Spouse's name: _____
Address (if different) _____
Phone (if different) _____

Age _____ Education (in years) _____ Religion _____

Is spouse willing to come for counseling? Yes No

Have you ever been separated? Yes No

Has either of you ever filed for divorce? Yes No

Date of marriage: _____ Your ages when married: H: _____ W: _____

How long did you know your spouse before marriage? _____

Were you sexually active (together or with others) before you were married?
Yes No

Length of dating or engagement: _____

At what point did things start to get worse (if applicable)? Describe. _____

Give brief information about any significant or shaping events in your marriage: _____

Give brief relevant information about any previous marriage or relationship: _____

PASTORAL INFORMATION

Pastor's name: _____

Church name / denomination: _____

Church address: _____ Phone: _____

Permission to consult with pastor? Yes No

BRIEFLY (in one sentence or two) ANSWER THE FOLLOWING QUESTIONS

1. What is the problem(s)? (What brings you here?) _____

2. What have you done about it (be detailed)? _____

3. What can we do? (Or, what are your expectations in counseling?) _____

4. What do you think the solution to your problem(s) may be? _____

5. As you see yourself, what kind of person are you? Describe yourself. _____

How would your spouse answer that question? How does he or she see you? _____

6. Choose the Bible personality or character that most demonstrates how you view yourself and explain why: _____

7. Is there any other information we should know? _____

