

Personal Data Inventory Form (revised 6/7/18)

GENERAL INFORMATION:

Name _____
 Phone _____ (cell) _____

Address _____
 _____ email: _____

Occupation _____

Employer _____ Yrs. _____
 Gender _____ Height _____

Birth
 Date _____ Age _____

Marital Status:

Single ___ Engaged ___ Married ___ Separated ___ Divorced ___ Widowed ___

Education (last year completed): _____ (grade)

Other training (list type & years completed)

Referred here

by _____

Address _____

HEALTH INFORMATION:

Rate your health (check):

Very Good ___ Good ___ Average ___ Declining ___ Other _____

Describe your health.

Your approximate weight (lbs) _____

Weight changes recently: Lost _____ Gained _____

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

Date of last medical examination _____
Reports _____

Your Physician _____
Address _____

Women only: If you experience significant symptoms related to your menstrual cycle, please explain.

Are you presently taking any medication? Yes _____ No _____

What (include dosage)?

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

What?

Do you drink alcoholic beverages? _____ How much and how frequently?

Do you drink coffee? _____ How much and how frequently?

Other caffeine drinks _____ How much _____

Do you smoke? _____ What? _____ Frequency _____

Have you ever has a severe emotional upset? Yes _____ No _____

What?

Have you ever had interpersonal problems on the job? _____ If yes, explain.

Have you ever been arrested? Yes _____ No _____

Have you ever seen a psychiatrist or counselor? _____

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

Explain _____

RELIGIOUS INFORMATION:

Denominational preference _____

Member _____

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

How are you involved within the church?

Baptized? Yes _____ No _____

Religious background of spouse (if married)

Do you believe in God? Yes _____ No _____ Uncertain _____

Do you pray to God? Never _____ Occasionally _____ Often _____ Daily _____

Do you consider yourself to be a Christian? Yes _____ No _____ Not sure what you mean _____

How much do you read the Bible?

Never _____ Occasionally _____ Often _____ Daily _____

Do you have regular family devotions? Yes _____ No _____

Explain recent changes in your spiritual 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 all of the following words which best describes 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 lonely
 self-conscious sensitive

Have you ever felt people were watching you? Yes _____ No _____

Do people's faces ever seem disoriented? Yes _____ No _____

Do you ever have difficulty distinguishing faces? Yes _____ No _____

Do colors ever seem too bright? _____ Too dull? _____

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 _____

Problem Check List (please circle all that apply)

Anger anxiety apathy appetite bitterness change in lifestyle
 children communication conflict (fights) deception decision-making
 depression drunkenness envy fear finances gluttony guilt
 health homosexuality impotence in-laws loneliness lust
 memory moodiness perfectionism rebellion sex sleep
 wife abuse a vice other _____

MARRIAGE AND FAMILY INFORMATION:

Name of spouse _____

Phone _____

Address _____

Occupation _____ Business
 phone _____

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

Is spouse willing to come for counseling? Yes _____ No _____ Uncertain _____

I he/she in favor of your coming? _____ If no, explain.

Have you ever been separated or filed for divorce? _____

Date of marriage _____

Your ages when married. Husband _____ Wife _____

How long did you know your spouse before marriage? _____

Length of dating or
 engagement _____

Give brief information about any previous marriages.

Information about children:

Name	Age	Gender	Living (yes/no)	Education
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

How many older brothers _____ sisters _____ do you have?

How many younger brothers _____ sisters _____ do you have?

Describe relationship to your
father _____

Describe relationship to your
mother _____

Are your parents living _____ Do they live locally _____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS: [feel free to attach an additional page if needed]

1. What is your problem? (what brings your 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. What, if anything, do you fear?
6. What do you want more than anything else?