Personal Data Inventory

Please complete this inventory carefully.

PERSONAL IDENTIFICATION:

Mr. Mrs. Miss Name: _____

Address:_____City:_____.Zip:_ _

Home Phone No. L_) Cell Phone No. L_).____

Email:_____

Birth date:_____ Age:____ Referred by:_____

Marital Status: Single Engaged Married Separated Divorced Widowed

In Case of Emergency, please contact:_____L_).____
Name, Relationship Phone No.

OCCUPATION:

Employer:_____Position:_____Yrs:

Full-time Part-time Shift:_____ Phone *No.(___).* _____

Homemaker

EDUCATION:

School:_____ Last year or degree completed:__
_ Full-time Part-time Year:_____' Major:_____

ANY OTHER INFORMATION You BELIEVE WOULD BE HELPFUL To YOUR COUNSELOR:

AVAILABILITY: *(include times, if necessary)*

Mon Tues Weds Thurs Fri Weekend:_____

HEALTHINFORMATION:

Rate your health: Very Good Good Average Poor

_ Currently under doctor's care Physician's Name: _____
Phone No. L___)_____

Are you currently taking medication:
Yes No If so, what (include dosage)?
Have you used drugs for other medical or non-medical purposes?
Yes No If so, what (include dosage)?

Circle the following if applicable:

Alcoholic beverages Caffeinated beverages Smoke Other:_____

Any recent weight changes? Lost: _____ Gained: _____

Date last medical exam: Report: _____

Physician's Name:_____ Phone No. L_J _____

List any important present or past illnesses or injuries:

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

Any other health-related concerns:

Have you ever had a severe emotional upset? If so, explain:

Have you recently suffered any other type of loss? (Economic, social, physical ...) If so, explain:

Have you had any prior counseling? If so, for what? How did it help?

FAMILYBACKGROUND:

Spouse: _____ Birth date:_____ Age: _____

Date of Marriage:_____How long did you date before you were married?_____
Is your spouse a believer? Yes No How long?_____
Have you ever been separated? Yes No If so, from when to when? _____

Have either of you been married previously? Yes No Who?_____
Information about children:

PM	Name	Age	M/F	Describe your relationship	Any other information

If engaged, name of fiance(e):_____Phone No. L_j _____

Briefly describe your relationship:

Briefly describe your mother:

Briefly describe your father:

Are/were either of your parents believers?

Which parent do you get along with better? Explain:

Did you live with anyone other than your parents?

Number of siblings: _brothers sisters Your sibling order:_____

Are these relationships close?

SPIRITUAL BACKGR0UND:

Do you believe in God? Do you pray?

Would you say you are a Christian or still in the process of becoming a Christian?

Have you been baptized? When?_____ Where?_____

How often do you read the Bible? Circle appropriate answer.
never occasionally often daily

Denominational preference:

Church attending:
Member: Yes No
How often do you attend? _ never _ occasionally once or twice a month

_weekly more than once a week

Area of Ministry: _____

Other Church Involvement: –

Explain any recent changes in your spiritual life, if any:

PROBLEM CHECKLIST

Check issues you are currently struggling with:

Abuse: _____	Decision making	In-laws
Anger	Depression	Loneliness
Anxiety	Drunkenness	Lust
Apathy	Envy	Memory
Appetite	Fear	Moodiness
Bitterness	Finances	Perfectionism
Change in lifestyle	Gluttony	Rebellion
Children	Guilt	Sex
Communication	Health	Sleep
Conflict (fights)	Homosexuality	Vice: _____
Deception	Impotence	Other: _____

I BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

What problem brings you here for counseling?

What have you done about it?

What expectations do you have (How can we help)?

If married (or engaged), is your spouse (fiance or fiancee) willing to come in for counseling?

Is he/she in favor of your counseling?_____If no, explain:

List any other information you want the counselor to know:

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