

## Personal Data Inventory

### IDENTIFICATION DATA:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business or Cell Telephone: \_\_\_\_\_  
Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_  
Marital Status: Single: \_\_\_\_\_ Going Steady: \_\_\_\_\_ Married: \_\_\_\_\_  
Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_  
Education (last year completed): \_\_\_\_\_ (grade)  
Other training (list type and years) \_\_\_\_\_  
Referred here by: \_\_\_\_\_ Address: \_\_\_\_\_

### HEALTH INFORMATION:

Rate your health (check): Very Good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Declining \_\_\_\_\_  
Other \_\_\_\_\_

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 \_\_\_\_\_ Report: \_\_\_\_\_

Your physician: \_\_\_\_\_ Address: \_\_\_\_\_

Are you presently taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

What are you taking? \_\_\_\_\_

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

What? \_\_\_\_\_

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

Explain: \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

Explain: \_\_\_\_\_

Have you recently suffered loss from serious social, business, or other reversals?

Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

**RELIGIOUS BACKGROUND:**

Denominational preference: \_\_\_\_\_ Member: \_\_\_\_\_

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

Church attended in childhood: \_\_\_\_\_

Baptized? Yes \_\_\_ No \_\_\_

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

Do you consider yourself a religious person? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

Do you believe in God? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

Do you pray to God? Never \_\_\_ Occasionally \_\_\_ Often \_\_\_

Are you saved? Yes \_\_\_ No \_\_\_ Not sure what you mean \_\_\_

How much do you read the Bible? Never \_\_\_ Occasionally \_\_\_ Often \_\_\_

Do you have regular 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 which best describe you now: active ambitious  
self-confident persistent nervous hardworking impatient impulsive moody  
often-blue excitable likeable leader quiet hard-boiled submissive lonely  
self-conscious sensitive other \_\_\_\_\_

Have you ever felt people were watching you? Yes \_\_\_ No \_\_\_

Do people's faces ever seem distorted? 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 \_\_\_\_\_

**MARRIAGE AND FAMILY INFORMATION:**

Name of spouse: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business telephone: \_\_\_\_\_

Your spouses age: \_\_\_\_\_ Education (in years) \_\_\_\_\_ Religion \_\_\_\_\_

Is spouse willing to come in for counseling? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Have you ever been separated? Yes \_\_\_\_\_ No \_\_\_\_\_ When? From \_\_\_\_\_ to \_\_\_\_\_

Has either of you ever filed for divorce? Yes \_\_\_\_\_ No \_\_\_\_\_ 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:

| PM*   | Name  | Age   | Sex   | Living (Yes/No) | Education<br>in years | Marital<br>status |
|-------|-------|-------|-------|-----------------|-----------------------|-------------------|
| _____ | _____ | _____ | _____ | _____           | _____                 | _____             |
| _____ | _____ | _____ | _____ | _____           | _____                 | _____             |
| _____ | _____ | _____ | _____ | _____           | _____                 | _____             |

\*Check this column if child is by previous marriage

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?

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. Describe the situation/trial you are facing. What is the problem? What happened? Who was involved?

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. Is there any other information we should know?