



122 North Cortez St. #317, Prescott, AZ. 86301  
(928) 237-9520

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## Personal Data Inventory

### Personal Information

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Military:  Yes  No

Branch \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Gender:  Male  Female Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please indicate where we may call you:  Home  Cell  Work

Please indicate where we may leave you a voicemail:  Home  Cell  Work

May we contact you by email regarding appointments?  Yes  No

Marital Status:

Single  Engaged  Married  Separated  Divorced  Widowed

Education: Last Grade Completed (Prior to college)

\_\_\_\_\_

Other Education (List type and years) \_\_\_\_\_

Referred By: \_\_\_\_\_

## **Problem Identification**

*Please be as specific as possible*

1. Please describe the current problem.

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2. What have you done about it?

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3. What are your expectations in coming here?

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4. What led you to seek help now?

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

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6. Is there any other info we should know?

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### **Spiritual Background**

Are you a member of Canyon Bible Church?  Yes  No If yes, how long? \_\_\_\_\_

Church Attendance: Frequency of attendance \_\_\_\_\_ Times per month

Where did you attend before coming to Canyon Bible Church?

Church Name:

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Church Address: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

May we contact your previous Pastor?  Yes  No Please Initial \_\_\_\_\_



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

What are you learning through the sermons/messages/bible studies at your church?  
\_\_\_\_\_

Please list ministry involvement:  
\_\_\_\_\_  
\_\_\_\_\_

Have you been baptized?  Yes  No When? \_\_\_\_\_

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

What is your primary concern when you pray? \_\_\_\_\_  
\_\_\_\_\_

Have you come to a place in your spiritual life where you know with certainty that if you were to die tonight you would go to heaven?  Yes  No  Uncertain

If yes, what is your basis for answering the above question?  
\_\_\_\_\_  
\_\_\_\_\_

Do you understand the gospel and have you responded to it?  
 Yes - When? \_\_\_\_\_  No  Uncertain  Don't know what you mean?

If your answer was yes to the question above, please answer questions 1-3:

1. What does it mean to say Jesus is my Lord and Savior?  
\_\_\_\_\_  
\_\_\_\_\_

2. What changes took place in your life when you responded to the gospel? \_\_\_\_\_  
\_\_\_\_\_



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3. Have you told household/family members about receiving Jesus as Savior?

Yes  No If yes, who have you told?  
\_\_\_\_\_

Do you read the Bible?  Never  Occasionally  Often How often? \_\_\_\_\_

Do you have personal devotions?  Never  Occasionally  Often How often? \_\_\_\_\_

Describe your personal devotions: \_\_\_\_\_

Do you have family devotions?  Never  Occasionally  Often How often? \_\_\_\_\_

Explain any recent changes in your spiritual life:  
\_\_\_\_\_

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### **Prior Counseling Information**

Have you had counseling and/or biblical guidance before?  Yes  No

Counselor Name(s) / Dates: To-From / Medication / Outcome and Diagnosis  
\_\_\_\_\_  
\_\_\_\_\_

May we contact your counselor(s)?  Yes  No Please initial \_\_\_\_\_



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### Medical and Health Information

Approximately how many hours of sleep to you get each night? \_\_\_\_\_

When do you normally:

Go to bed? \_\_\_\_\_ Fall asleep? \_\_\_\_\_ Wake up? \_\_\_\_\_ Get out of bed? \_\_\_\_\_

If there is a length of time between going to bed and falling asleep, what do you do during that time?

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If there is a length of time between waking up and getting out of bed, what do you during that time?

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Describe any recent changes in sleep habits:

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State of health:    Very Good     Good     Average     Declining     Other

Date of last medical examination: \_\_\_\_\_

Results: \_\_\_\_\_

Physicians Name: \_\_\_\_\_

Address: \_\_\_\_\_



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Are you presently taking medications?  Yes  No

If yes please list medication, dosage and purpose:

Medication	Dosage	Purpose

Have you used drugs for other than medical purposes?  Yes  No If yes, please list drug used, when used and amount used:

Drug	When used	Amount used

Do you drink alcoholic beverages?  Yes  No If yes, what is the frequency and amount?

\_\_\_\_\_

Have you ever been arrested?  Yes  No If yes, why were you arrested? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

Have you ever had a severe emotional upset?  Yes  No If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

List all important present or past illnesses, injuries or handicaps

Height \_\_\_\_\_ Weight \_\_\_\_\_

Recent weight changes: Lost \_\_\_\_\_

Gained \_\_\_\_\_



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## Marriage and Family Information

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Your spouse's age: \_\_\_\_\_ Education: (In years): \_\_\_\_\_

Religious background of spouse: \_\_\_\_\_

### Spouse Church Attendance

Spouse's church name: \_\_\_\_\_

Frequency of attendance \_\_\_\_\_ Times per month

Is spouse willing to come with you?  Yes  No  Have not asked yet

Are you currently separated?  Yes  No If yes, when did you separate? \_\_\_\_\_

Why did you separate? \_\_\_\_\_

Have you ever been separated in your current marriage?  Yes  No If yes:

When	How long	Reason for separation	Reason for reconciliation

Has either of you ever filed for divorce?  Yes  No If yes, When?

\_\_\_\_\_





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Who filed for the divorce and why?

\_\_\_\_\_

\_\_\_\_\_

Date of marriage: \_\_\_\_\_ How old were you when you married: Husband \_\_\_\_\_ Wife \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_

Length of steady dating with spouse: \_\_\_\_\_

Length of engagement: \_\_\_\_\_

Have you been married before?  Yes  No

If yes, how many times? Husband \_\_\_\_\_ Wife \_\_\_\_\_

If you or your spouse were married before, how did the marriage(s) end?

\_\_\_\_\_

\_\_\_\_\_

Name	Age	Gender	Still at home	From previous marriage
		M or F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		M or F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		M or F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		M or F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		M or F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		M or F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you were raised by anyone other than your parents, briefly explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of older siblings: Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

Number of younger siblings: Brothers \_\_\_\_\_ Sisters \_\_\_\_\_