

## Personal Data Inventory

Application Date: \_\_\_\_\_

### IDENTIFICATION DATA

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

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

Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Sex: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Referred here by: \_\_\_\_\_

### EDUCATION AND WORK

Education (last year completed): \_\_\_\_\_ (grade)

Post High School Education or Training \_\_\_\_\_

Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_

### FAMILY INFORMATION:

Briefly describe the environment in which you grew up?

How many older brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

How many younger brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

### MARRIAGE INFORMATION

Marital Status: Single: \_\_\_\_\_ Going Steady: \_\_\_\_\_ Married: \_\_\_\_\_ Separated: \_\_\_\_\_

Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_

Your present marriage (if applicable):

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

Date of Marriage: \_\_\_\_\_

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

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

Your ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_

Have you been or are you separated? Yes \_\_\_\_\_ No \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Have either of you ever filed for divorce? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

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

Uncertain \_\_\_\_\_

Is he in favor of your coming for counseling? \_\_\_\_\_

If no, explain \_\_\_\_\_

\_\_\_\_\_

### Children

Name Relationship (son, stepson, etc.) Living at Home? Age Married

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Your previous marriages (if applicable) Date: \_\_\_\_\_ to \_\_\_\_\_

Children from this marriage

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Spouse's previous marriages (if applicable) Date: \_\_\_\_\_ to \_\_\_\_\_

Children from this marriage

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## **HEALTH HISTORY**

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

List previous surgeries (those which required anesthesia):

List all prescription (and why you take them) and overthecounter medications you take on a regular basis:

Have you used drugs for other than medical purposes? Yes\_\_\_No\_\_\_  
If so, what drugs? Is this current or past drug use?

What is your average daily caffeine consumption? (Include coffee, tea, chocolate, stimulants, and caffeinated soft drinks.)

How many alcoholic beverages do you drink, and how often? \_\_\_\_\_

How many hours of sleep do you average each night? \_\_\_\_\_ Have there been any recent changes, explain?

How would you describe your diet?      Poor    Ok    Healthy    Very Healthy

Have you ever had an eating disorder?\_\_\_\_\_ If yes, explain.

Do you exercise regularly? How often\_\_\_\_\_Doing what\_\_\_\_\_

Have you experienced any recent weight changes? No      Yes      Explain:

## **WOMEN'S HEALTH ISSUES**

Are you menopausal (been without a period for at least a year)?\_\_\_\_\_

What physical and emotional symptoms do you experience before, during or after your cycle?

Is your cycle? Regular   Somewhat   Regular   Irregular

**PERSONAL ISSUES:**

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

Have you ever had suicidal thoughts or attempted to commit suicide? Yes\_\_\_\_  
No\_\_\_\_ Explain:

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

Are you willing to sign a release of information form, if needed, for the counselor to work with your doctor, psychiatrist or your pastor/church leader? Yes\_\_\_\_ No\_\_\_\_

**SPIRITUAL BACKGROUND**

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

Do you read your Bible? Never\_\_\_\_ Occasionally\_\_\_\_ Often\_\_\_\_

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

Do you consider yourself born again? Yes\_\_\_\_ No\_\_\_\_ Uncertain \_\_\_\_\_

If you were to die and stand before God and He asked you why He should permit you to enter Heaven, how might you respond?

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

How would you describe your relationship to God?

Explain recent changes in your spiritual life, if any:

Church presently attending: \_\_\_\_\_

Pastor's name: \_\_\_\_\_

Are you a member? Yes\_\_\_\_ No\_\_\_\_

How long have you been a member of regular attendee? \_\_\_\_\_

How often do you attend church a month? 1,2,3,4,5,6,7,8,9,10

In what ways do you serve in your local church?

Does your pastor know of your decision to seek counseling? Yes\_\_\_\_ No\_\_\_\_

Have you been/are you under Church Discipline? Yes\_\_\_\_ No\_\_\_\_

If so, what church? \_\_\_\_\_

Religious background of spouse (if married):

### **ABOUT YOURSELF**

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

If yes, specify when and with whom:

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      kind      blue  
excitable      imaginative      calm      serious      easygoing      shy  
good-natured      introvert      likeable      leader      quiet      submissive  
spiritual      self-conscious      lonely      sensitive

**PROBLEM CHECKLIST** (Please check any issues that you struggle with)

\_\_\_ Anger \_\_\_ Fear \_\_\_ Moodiness \_\_\_ Depression \_\_\_ In-laws  
\_\_\_ Envy \_\_\_ Memory \_\_\_ Health \_\_\_ Impotence \_\_\_ Homosexuality  
\_\_\_ Appetite \_\_\_ Apathy \_\_\_ Sex \_\_\_ Deception \_\_\_ Spousal abuse  
\_\_\_ Anxiety \_\_\_ Gluttony \_\_\_ Children \_\_\_ Sleep \_\_\_ Other \_\_\_\_\_

Please briefly answer the following questions:

1. State in your own words the nature of the main problem(s) that bring you in for biblical counseling:

2. When did your problems begin? Please specify a date if possible.

3. Please describe any significant events occurring at that time.

4. What have you done to try to resolve your problem(s)?

5. What would you like me to do for you? What kind of help do you expect?

6. Is there any other information I should know?