



Personal Data Inventory

Please complete this inventory carefully

Personal Identification

Name: _____ Birth date: _____

Address: _____ Zip code: _____

Age: _____ Sex: _____ Referred by: _____

Marital Status: Single: _____ Engaged: _____ Married: _____
 Separated: _____ Divorced: _____ Widowed: _____

Education (highest level completed): _____

Home phone: _____ Work phone: _____ Cell phone: _____

Employer: _____ Position: _____

Years: _____

Marriage and Family

Spouse: _____ Birth date: _____

Age: _____ Occupation: _____ How long employed: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Date of marriage: _____ Length of dating: _____

Give a brief statement of circumstances of meeting and dating: _____

Have either of you been previously married: _____ To whom: _____

Have you ever been separated: _____ Filed for divorce: _____

Information about Children:

Name: Age: Sex: Living: Year Ed.: Step-Child:

Describe relationship to your father: _____

Describe relationship to your mother:

Number of sibling(s): _____ Your sibling order: _____

Did you live with anyone other than parents: _____

Are your parents living: _____

Health

Describe your health:

Do you have any chronic conditions: _____ What: _____

List important illnesses and injuries or handicaps:

Date of last medical exam: _____ Report: _____

Physician's name and contact information:

Current medication(s) and dosage:

Have you ever used drugs for anything other than medical purposes: _____

If yes, please explain:

Have you ever been arrested: _____

Do you drink alcoholic beverages: _____ If so, how frequently and how much: _____

Do you drink coffee: _____ How much: _____ Other caffeine drinks: _____

_____ How much: _____

Do you smoke cigarettes or use tobacco products: _____ Frequency: _____

Have you ever had interpersonal problems on the job:

Have you ever had a severe emotional upset: _____ If yes, please explain: _____

Have you ever seen a psychiatrist or counselor: _____ If yes, please explain: _____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records: _____

Spiritual

Denominational preference: _____

Church attending: _____ Member: _____

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

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 ever been baptized: _____

How often do you read the Bible: Never: ___ Occasionally: ___ Often: ___ Daily: _____

Explain any recent changes in your religious life:

Financial

Approximate yearly family income: _____

Do you own your home: _____ yes _____ no

Do you have significant debt in any of the following areas:

_____ home _____ car _____ school _____ credit cards

Are you saving money: _____ yes _____ no

Do you give money to your church or other charities: _____ yes _____ no

Is money a source of struggle or discomfort in your life: _____ yes _____ no

Are you involved in or anticipate being involved in legal actions: _____ yes _____ no

Women Only

Have you had any menstrual difficulties: _____ If you experience tension, tendency

to cry, other symptoms prior to your cycle, please explain: _____

Is your husband willing to come for counseling: _____

Is he in favor of your coming: _____ If no, please explain: _____

Problem Check List

_____ Anger _____ Drunkenness _____ Lost of Loved One

_____ Anxiety _____ Eating problems _____ Lust

_____ Apathy _____ Envy _____ Memory

_____ Appetite _____ Fear _____ Moodiness

_____ Bitterness _____ Finances _____ Perfectionism

_____ Change in lifestyle _____ Gluttony _____ Pornography

_____ Children _____ Guilt _____ Rebellion

