

PERSONAL DATA INVENTORY

Date_____

Identification Data

1. Name_____ Address _____
City_____ State_____ Zip _____
2. Phone: (home)_____ (work)_____ (cell) _____
3. E-mail _____
4. Occupation _____
5. Date of Birth _____ Sex: ☐ Male ☐ Female
6. Marital Status: ☐ Single ☐ Going Steady ☐ Engaged ☐ Married ☐ Separated
☐ Divorced ☐ Remarried ☐ Widow
7. Education: ☐ Elementary ☐ High School ☐ College ☐ Graduate
8. Other Training (list type and years) _____

9. Hobbies _____
10. Referred by _____ Address _____

Marriage Information

11. Name of Spouse _____ Address _____
Occupation _____ Phone _____ Age _____
Business Phone _____ Religion _____ Education _____
12. Is your spouse willing to come for counseling? ☐ Yes ☐ No ☐ Uncertain
13. Have you ever been separated? ☐ Yes ☐ No From _____ til _____
14. Age when married: Husband _____ Wife _____ Date of Wedding _____
15. How long did you know your spouse before marriage? _____
16. Length of steady dating with spouse _____ length of engagement _____
17. Give brief information about any previous marriages _____

18. Children: (Mark children from previous marriage with an *.)

Name	Age	Sex	Living	Education (in yrs)	Marital Status

19. Were you raised by anyone other than your parents? If so, please explain briefly. _____

20. Older brothers _____ Older Sisters _____ Younger brothers _____ Younger Sisters _____

Personal Information

21. Have you ever had a severe emotional upset? If so, please explain briefly. _____

22. Have you had previous counseling? If so, please explain briefly giving counselors name, dates, and outcome.

- _____
- _____
- _____

23. Are you willing to sign a release of information, if necessary, so that information regarding past counseling or medical records can be obtained? ☐ Yes ☐ No

24. Circle any of the following words which best describes you now.

Active	Ambitious	Self-confident	Persistent	Nervous
Hardworking	Impatient	Impulsive	Moody	Often Blue
Excitable	Imaginative	Calm	Serious	Easy Going
Shy	Good Natured	Introvert	Extrovert	Likable
Leader	Quiet	Hard-boiled	Submissive	Sensitive
Lonely	Self-conscious	Rebellious	Independent	Angry
Depressed	Fearful	_____	_____	_____

25. List any fears you may have _____

26. Approximately how many hours of sleep do you get at night? _____

Average time you retire _____ Average time you arise _____

Health Information

27. Rate your health: ☐ Very Good ☐ Good ☐ Average ☐ Poor ☐ Declining

28. Your approximate: Weight _____ Height _____

29. Recent weight changes: Loss _____ Gain _____

30. List all important present or past illnesses, injuries or handicaps _____

31. Date of last medical exam _____ What was your report? _____

32. Name of physician _____ Phone _____

Address _____

33. Are you presently taking any medications? ☐ Yes ☐ No If so, please list name, dosage and purpose.

- _____
- _____
- _____
- _____

34. Have you used drugs for other than medical purposes? ☐ Yes ☐ No If so, please explain briefly. _____

35. Have you ever been arrested? ☐ Yes ☐ No If so, please explain briefly. _____

Religious Background

36. Denominational preference: _____

37. What church are you presently attending? _____

38. Who is your pastor? _____

39. Will you permit him to be contacted for information? ☐ Yes ☐ No If "no", please explain briefly. _____

40. How often do you attend church (include Sunday school, special groups, etc.) a month?

41. What is your religious background? _____

42. Do you consider yourself a Christian? ☐ Yes ☐ No

43. Do you pray? ☐ Yes ☐ No If so, how often? _____

44. Do you read your Bible? ☐ Yes ☐ No If so, how often? _____

45. If you were to die tonight, do you know for sure you would go to heaven? ☐ Yes ☐ No

46. If you were to stand before God tonight and He asked you, "Why should I let you into my heaven?" what would you say? _____

47. Do you read the Bible and pray together as a family? ☐ Yes ☐ No

48. Explain any recent changes in your spiritual life. _____

Five Basic Questions

1. What is your problem? _____

2. What have you done about it? _____

3. What do you want us to do about it? (What expectations do you have in coming here?) _____

4. What brings you here at this time? _____

5. Is there any information we should know? _____
