

PERSONAL DATA INVENTORY
(the information you provide is confidential)

IDENTIFICATION DATA

Name: _____ Birth Date: _____ Sex: _____
Email: _____ Cell Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Employer: _____ Position: _____ Business Phone: _____
Education (highest academic level): _____ Other training/certification: _____

HEALTH INFORMATION

Describe your health: Very Good _____ Good _____ Average _____ Poor _____

Recent weight changes: Lost _____ Gained _____

Do you have problems sleeping?: _____

List any important present or past illnesses or injuries: _____

Date of last medical examination: _____ Report: _____

Physician: _____ Address: _____

Have you ever used drugs for other than medical purposes? If yes, please explain: _____

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

Do you smoke? _____ How long? _____ Have you tried to stop? _____

Are you presently taking medication? Yes _____ No _____

Names, Dosages, Strength _____

Have you ever seen a psychiatrist or counselor? Yes _____ No _____ If yes, Who? _____

Dates? _____ Circumstances covered? _____

Results? _____

Have you ever had a severe emotional upset?

Divorce: Yes ___ No ___ Age ___ Explain: _____

Abuse: Yes ___ No ___ Age ___ Explain: _____
(Emotional/Mental; Physical; Sexual)

Death of a loved one: Yes ___ No ___ Age ___ Explain: _____

Suicidal thoughts: Yes ___ No ___ Age ___ Explain: _____

Have you ever been arrested? Yes ___ No ___ Age ___ Explain: _____

Anything else you believe would be beneficial for counselor to know: _____

RELIGIOUS BACKGROUND INFORMATION

Denominational Preference: _____ Church: _____ Member? _____

Church attended in childhood: _____ Baptized: Yes ___ No ___

Do you consider yourself a Christian? Yes ___ No ___ Uncertain ___

Do you believe in God? Yes ___ No ___ Uncertain ___

Do you pray? Never ___ Occasionally ___ Often ___

Do you read the Bible? Never ___ Occasionally ___ Often ___ Daily ___

Have there been any recent changes in your religious life? _____

PERSONALITY INFORMATION

Mark any of the following words which best describe you now:

- | | | | |
|----------------|------------------|--------------------|--------------------|
| ___ active | ___ ambitious | ___ self-confident | ___ anxious |
| ___ depressed | ___ imaginative | ___ persistent | ___ calm |
| ___ nervous | ___ serious | ___ hard-working | ___ easy-going |
| ___ impatient | ___ shy | ___ impulsive | ___ good-natured |
| ___ moody | ___ introvert | ___ encouraging | ___ likeable |
| ___ lonely | ___ leader | ___ sad | ___ quiet |
| ___ sensitive | ___ hard-hearted | ___ fearful | ___ self-conscious |
| ___ angry | ___ selfish | ___ jealous | ___ kind |
| ___ rebellious | ___ extrovert. | ___ bitter | ___ generous |

MARRIAGE AND FAMILY INFORMATION

Marital status: ___Single ___Married ___Steady relationship ___Divorced
___Separated ___Engaged ___Widowed

Name of spouse:_____ Spouse's age:_____ Cell Phone:_____

Address:_____

Occupation:_____ Religion:_____

Is spouse willing to come for counseling? Yes___ No___ Uncertain___

Is your spouse supportive of you attending counseling? Yes___ No___ If no, why?_____

Have you ever been separated? Yes___ No___ When_____

Have either of you filed for divorce? Yes___ No___ When_____

Date of Marriage:_____ Length of dating:_____ Length of Engagement:_____

Give brief information about any previous marriages:_____

CHILDREN

Name:_____ Age:_____ Sex:_____ Living with you?_____ Step child?_____

Name:_____ Age:_____ Sex:_____ Living with you?_____ Step child?_____

Name:_____ Age:_____ Sex:_____ Living with you?_____ Step child?_____

Name:_____ Age:_____ Sex:_____ Living with you?_____ Step child?_____

Describe your home and family situation as a child and your relationship with your parents:

Affectionate___ Abusive___ Critical___ Divorced___ Traditional___ Blended Family___

Substance Affected: Alcohol___ Pain Killers___ Marijuana___ Cocaine/Heroin/Other___

Religious: In Name Only___ Strict___ Happy Experience___

Number of Siblings:_____ Birth Order:_____ On good terms with?_____

Were you raised by anyone other than your parents?_____ If yes, who and reason:_____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

FROM YOUR PERSPECTIVE, WHAT WOULD YOU SAY IS/ARE THE PROBLEM(S)?

OTHER THAN COMING FOR COUNSELING, PLEASE DESCRIBE WHAT YOU HAVE DONE TO ADDRESS THIS/THESE ISSUES?

WHAT ARE YOUR EXPECTATIONS IN COMING HERE FOR COUNSELING?

IS THERE ANY OTHER INFORMATION THAT MAY BE RELEVANT?
