

PERSONAL DATA INVENTORY

This Personal Data Inventory is our way of getting to know you so we can best serve you. It is important to gather both past and present information. We want you to be as open and specific in your answers as possible. This will help us to be both prepared and effective in the counseling process. This information will be kept highly confidential.

PLEASE PRINT YOUR INFORMATION AND WRITE LEGIBLY

Personal Information

1. Today's Date: _____
2. Your Name: First: _____ Last: _____
3. If not for yourself, for whom are you filling this out? _____
4. Your Gender [circle]: Male Female
5. Your birth date: _____ Age: _____
6. Email address: _____
7. Best contact phone number: _____
8. Address: _____ City: _____ Zip Code: _____
9. Occupation: _____
10. You were referred to Biblical Counseling by [circle]:
Pastor Elder Impact Group Leader Other
11. Their Name: _____
12. Church Status [circle]: Member Attender Other
13. If church status is "other", explain: _____
14. Are you in an Impact Group? [circle] Yes No For how long? _____
If Yes – Leader's Name: _____
If No – Would you like to be in one? [circle] Yes No
Is your IG leader aware that you are seeking Biblical counseling? Yes No

Family Information

15. Marital Status [circle]: Single Engaged Married Divorced Separated Widow

16. Date of Marriage: _____ Spouse's Name: _____

17. Spouse's Phone Number: _____

18. Have you ever been separated? [circle] Yes No

19. If "yes", how many times and how long? _____ Legal separation? Yes No

20. Have either of you filed for divorce? [circle] Yes No

21. If "yes" who filed and when? _____

22. Have you been married previously? [circle] Yes No

23. If "yes", explain: _____

24. If you have children, please list their names, ages, and if applicable, their marital status:

Health Information

25. General Health [circle]: Good Average Poor Other

26. Do you exercise? [circle] No 4-5x/week 2-3x/week Once/week

27. Type of exercise? [circle] Cardio Cardio/Weights Weights Team Sport Other

28. Do you have problems sleeping? [circle] Yes No Just Recently Depends on Circumstances

29. Eating Habits – food choices: [circle] Very Healthy Healthy Normal Mixed Junk Food

30. Do you drink coffee or caffeinated beverages? [circle] Yes No

31. Do you drink alcohol? [circle] Yes No

 If "yes", how often and how much? _____

32. Do you smoke? [circle] Yes No

33. Would you like to add any information to the previous questions?

34. Do you take prescription medication? [circle] Yes No

35. If “yes”, please list name, reason for taking it, dosage and how long you’ve been on it.

Ex: Crestor, High Cholesterol, 10mg once a day, 2 years. [please include psychotropic drugs]

Name	Reason	Dosage	Duration

36. Please list name and contact info of the medical professional that is monitoring your prescription for all psychotropic drugs. _____

37. Have you ever used drugs for non-medical purposes? [circle] Yes No

If “yes”, please give a brief description of when and why you used them: _____

38. Have you ever used or were addicted to drugs? [circle] Yes No

If “yes”, please give a brief description of when and why you used them: _____

Background Information

39. Other than your parents, was there any other significant role model growing up? [circle] Yes No

40. If "yes", explain:

41. Parenting was [circle on scale]:

1 - - - - 2 - - - - 3 - - - - 4 - - - - 5 (1 = Permissive, 5 = Authoritarian)

1 - - - - 2 - - - - 3 - - - - 4 - - - - 5 (1 = Disengaged, 5 = Involved)

42. Were your parents divorced? [circle] Yes No

43. Home atmosphere was [circle]: Affectionate Critical Outwardly religious
Perfectionistic Hostile Authentically Christian

44. Was there abuse in your past? [circle all the apply] No Physical Sexual Emotional

45. If yes, explain:

46. Was there substance abuse in your family? [circle] Yes No

If yes, explain:

47. Have you ever been arrested? [circle]: Yes No

48. Have you recently had significant circumstances/events in your life [i.e. job loss, birth, death, etc.]?

[circle] Yes No

If yes, explain:

49. Did you have any significant traumatic events as a child or have you ever had an extreme emotional reaction to a situation in your life?

50. Have you ever had any counseling or psychotherapy? [circle] Yes No

If "yes", a. Do you know what type of counseling or psychotherapy?

b. When and for how long?

51. Are you currently receiving other counseling? [circle] Yes No

If "yes", from where and for how long?

Faith Background

52. Do you have a *growing* relationship with the Lord Jesus Christ? [circle] Yes No

If "yes", a. Please describe how your relationship with God began:

b. How would you describe your relationship with the Lord today?

53. Have you been baptized? [circle] Yes No

If "yes", when?

54. How often are you in God's Word? [circle] Multiple times a day Daily Several times/week

At least a couple times a week

Not at all

55. How often do you pray? [circle] Multiple times a day Daily Several times/week

At least a couple times a week

Not at all

56. Are you serving Christ at Summit Point? [circle] Yes No

If "yes", where?

57. Has your spouse put his/her faith in Jesus Christ as their Lord and Savior? [circle] N/A

Yes

No

If "yes", when? _____

Briefly answer the following questions:

58. From your perspective, what would you say is/are the problem[s] you want to address through counseling?

59. What have you done so far to address it/them?

60. How can we help? What are your expectations in coming to counseling?

61. What, if anything, do you fear?

62. Is there any other information your counselor should know?

An Advocate serves to support the person in need as they are learning to see God at work in their concerns, problems, pain, etc. Because transformational change happens in the community of believers, advocates play a vital part in helping and encouraging another in making lasting godly change for the glory of God.

63. Is there someone you know who you think would be a good advocate? (We can also help provide you with an advocate when necessary).

64. What is their relationship with you? _____

65. Please list all available days and times:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

*We will do our best to work with your schedule, but if necessary, it may require some flexibility.