

Canaan Christian Counseling Ministry

PERSONAL INVENTORY

Date _____

INSTRUCTIONS: This confidential information form is for the use of your counselor. Complete it as carefully as you can. If both husband and wife are coming for counseling, each should fill out a form. Be sure to complete both sides.

GENERAL INFORMATION:

Your Name _____ Address _____ Email Address _____

City _____ State _____ Zip _____ DOB _____ Phone _____

Occupation _____ Place of Employment _____ Business Phone _____

Gender _____ Birth Date _____ Age _____ Height _____ Nationality _____

Education (circle last year completed) School 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5 6+

College Degrees or other training (list type and years) _____

Military History (list branch, years, and duty) _____

Emergency Contact (Name, Phone & Relation): _____

HEALTH INFORMATION:

Please rate your physical health: Very Good _____ Good _____ Average _____ Poor _____ Declining _____

Your approximate Height _____ Weight _____ lbs. Weight changes recently: Lost _____ Gained _____

Please list any significant past or present medical or physical information such as drug or alcohol use, changes in diet, weight, or sleep patterns, illnesses, injuries, etc _____

Your physician _____ Phone _____ Date of last exam _____

List medications current _____

Have you ever had a "nervous breakdown" or severe emotional upset? _____

Have you ever seen a psychiatrist? Yes ___ No ___ When? _____ How Long? _____

RELIGIOUS BACKGROUND:

Church attended as child/adolescent: _____ Baptized: YES NO

Church presently attending: _____ Number of times per month _____

Church attendance per month (circle): 0 1 2 3 4 5 + Does your spouse attend with you? Yes ___ No ___

Religious background of spouse _____

Do you believe in God? Yes ___ No ___ Uncertain ___ Do you pray? Never ___ Occasionally ___ Often ___

How much do you read the Bible? Never ___ Occasionally ___ Often ___

Explain any recent changes in your religious life _____

Explain any past remarkable religious experiences _____

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EMPLOYMENT:

Your position _____; with what company _____; and for how long _____

Does financial concerns factor into the issues for which you are seeking counseling? Yes ____, No ____, Not Sure __

PERSONALITY INFORMATION:

Circle any of the following words which seem to best describe you now:

Active Ambitious Self-confident Persistent Hard-working Nervous Impatient Impulsive
Moody Often-blue Imaginative Excitable Good-natured Calm Serious Easy-going
Shy Introvert Likeable Leader Hard-boiled Quiet Lonely Submissive

Marital Status (circle one) Single Engaged Married Separated Divorced Widowed

MARRIAGE INFORMATION (if *never* married, check _____ and omit this section)

Name of spouse _____ Address _____

Home Phone _____ Occupation _____ Work Phone _____

Spouses age _____ Education level _____ Religion _____

Is spouse willing to come to counseling? YES NO UNCERTAIN

Have you ever filed for divorce? YES NO, If yes, when _____ Separated? YES NO _____

How did previous marriage(s) end, and when _____

Date of this marriage _____ your age when married: husband _____ wife _____

How long did you know one another before dating? _____; How long did you date before getting engaged? _____; How long were you engaged before marrying? _____

INFORMATION ABOUT CHILDREN:

NAME	AGE	SEX	LIVING	EDUCATION	MARITAL STATUS
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PARENTAL FAMILY HISTORY:

Were you raised by your biological parents? YES NO If no, who raised you, and why _____

Are your parents living? YES NO, If no, when did they die and how _____

Are your parents married? If no, when did they divorce, and have they remarried _____

Approximate age when married: Father _____ Mother _____

Nationality of parents: Father _____ Mother _____

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PARENTAL FAMILY HISTORY CONTINUED:

Religious preference: Father _____ Mother _____

Education level: Father _____ Mother _____

Rate your parent's marriage (circle one): VERY HAPPY HAPPY AVERAGE UNHAPPY

As a child, were you closest to: Father _____ Mother _____ Another _____

Rate you childhood (circle one): VERY HAPPY HAPPY AVERAGE UNHAPPY

List your brothers and sisters in birth order (oldest to youngest) and **include** yourself:

FIRST NAME SEX AGE LIVING MARITAL STATUS RATE MARRIAGE:

Significant losses/deaths of family, friends, others (loss may include something other than a death, i.e., divorce, job, home, etc.)

PREVIOUSLY COUNSELING:

What was the issue? _____

Was the issue resolved? _____

What helped/What did not help? _____

REASON FOR SEEKING COUNSELING AT THIS TIME

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COUNSELING GOALS

What do you hope/expect to get from you counseling experience? _____

_____ continue on back page

Referral Source _____