

# **PERSONAL DATA INVENTORY**

(Please completely fill out this form and make it available to your counselor before your first counseling session.)

Name \_\_\_\_\_

Address \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Education/Training \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Referred for counseling by \_\_\_\_\_

## **PERSONAL HISTORY**

Parents: Name Age(if living) Occupation Marital Status

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Guardian Name (if applicable) \_\_\_\_\_ Relation to you \_\_\_\_\_

Reason for Guardianship \_\_\_\_\_ Date \_\_\_\_\_ to \_\_\_\_\_

Siblings: Name Age Relationship Marital Status

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

More than five? Yes No

Indicate which might have applied during your childhood and/or adolescence:

School problems \_\_\_\_\_ Family problems \_\_\_\_\_ Medical problems \_\_\_\_\_

Drug/Alcohol abuse problems \_\_\_\_\_ Social problems \_\_\_\_\_ Legal problems \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OCCUPATIONAL HISTORY

What jobs have you held in the past?

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Does your present work satisfy you? If not, please explain.

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Present annual income \_\_\_\_\_

MARITAL HISTORY

Marital Status:

Single Engaged Married Remarried Separated Divorced Widowed

Your Present Marriage (if applicable)

Spouse's name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse's religious background \_\_\_\_\_ Education \_\_\_\_\_

Date of marriage \_\_\_\_\_ Have you ever been seperated from your present spouse?

If yes, please specify when: 1) \_\_\_\_\_ to \_\_\_\_\_ 2) \_\_\_\_\_ to \_\_\_\_\_

Children

Name Relationship Living at Home Age Marital Status Occupation (son, step-daughter, etc.)

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Your Previous Marriages (if applicable)

Dates (from when to when): Important info about that marriage:

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

Spouse's Previous Marriages (if applicable)

Dates (from when to when): Important info about that marriage:

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

**RELIGIOUS BACKGROUND**

Denominational preference \_\_\_\_\_

Church presently attended (name and address):

\_\_\_\_\_ Phone \_\_\_\_\_

Pastor \_\_\_\_\_ Permission to consult with pastor: Yes No

Do you believe in God? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

Do you consider yourself "Saved"? Yes \_\_\_ No \_\_\_ Not sure what you mean \_\_\_

If you were to die and stand before God and He asked you why He should permit you to enter Heaven, how might you respond?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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State in your own words the nature of the main problem(s) that bring you for counseling:

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When did your problems begin? Please specify a date if possible.

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Please describe any significant events occurring at that time.

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What have you done to try to resolve your problems(s)?

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What would you like us to do for you? What kind of help do you want from us?

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Is there any other information we should know?

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