



ROCKY BAYOU BAPTIST COUNSELING MINISTRY

Personal Data Inventory

(Please completely fill out this form and make it available to your counselor before your first 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
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Father: _____

Mother: _____

Guardian Name (if applicable) _____ Relation to you _____

Reason for Guardianship _____ Date _____ to _____

Siblings:	Name	Age	Relationship	Marital Status
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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?

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

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 separated 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.)

Your Previous Marriages (if applicable). List dates of marriages & names/ages of children from this marriage

Spouse's Previous Marriages (if applicable). List dates of marriages & names/ages of children from this marriage

RELIGIOUS BACKGROUND

Denominational preference_____

Church presently attending (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?

MEDICAL HISTORY

Have you had any of the following physical problems? Please check.

Heart problems__	Anorexia__	Menstrual irregularities__
Liver problems__	Hallucinations__	Kidney problems__
Visual problems__	Change in sexual drive__	Head injury/concussion__
Sensory distortion__	Seizures__	Stroke__
Weakness__	Brain tumor__	Fatigue__
Problems walking__	Multiple Sclerosis__	Heat/cold sensitivity__
Unusual hair loss__	Bowel/bladder__	Rashes__
Parkinson's disease__	Nausea/vomiting__	Memory problems__
Blackouts__	Weight change__	Episodic disorientation__
Amnesia__	Personality change__	Tremors__
Impotence__	Deja vu__	Thyroid dysfunction__
Physical change__	Changes in consciousness__	Diabetes__
Constant hunger__	Lung problems__	Hypoglycemia__
Food cravings__	Allergies__	Fever__
Headaches__	Cancer__	Pneumonia__
Dizziness__	High Blood Pressure__	Speech Problems__
Bulimia__		Incoordination__

List previous surgeries (those which required anesthesia)

List all prescription and over-the-counter medications: Include diet pills, laxatives, birth control pills, cold and allergy medicines, aspirin.

What is your average daily caffeine consumption? Include coffee, tea chocolate, stimulants, and caffeinated soft drinks.

How many hours of sleep do you average each night? Have there been any recent changes? Is this sleep restful?

Have you or others noticed any changes in your personality (anger, mood swings, withdrawal) thinking and memory, or work habits?

As you see yourself, what kind of person are you? (describe yourself)

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

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

Please describe any significant events occurring at that time.

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

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

Is there any other information we should know?
