

Personal Data Inventory
Please complete this inventory carefully

Personal Identification

Name: _____ Birth Date: _____

Address: _____ Zip Code: _____

Marital Status: Single: _____ Engaged: _____ Married: _____ Separated: _____

Divorced: _____ Widowed: _____

Education (last year completed): _____

Home Phone: _____ Work Phone: _____

Employer: _____ Position: _____

Years: _____

Marriage and Family

Spouse: _____ Birth Date: _____

Occupation: _____ How Long Employed: _____

Date of Marriage: _____ Length of Dating: _____

Give a brief statement of circumstances of meeting and dating: _____

Have either of you been previously married: Yes _____ No _____

Have you ever been separated: _____ Filed for divorce: _____

Information about Children:

Name	Age	Sex (M/F)	Living (Y/N)	Step-Child (Y/N)

Describe relationship to your father: _____

Describe relationship to your mother: _____

Health

Describe your health:

Do you have any chronic conditions: _____ What: _____

Date of last medical exam: _____ Report: _____

Current medication(s) and dosage: _____

Have you ever-used drugs for anything other than medical purposes: _____

If yes, please explain: _____

Have you ever been arrested: _____

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

Do you drink coffee: _____ How much: _____ Other caffeine drinks: _____

_____ How much: _____

Do you smoke: _____ What: _____ Frequency: _____

Have you ever had interpersonal problems on the job: _____

Have you ever had a severe emotional upset: _____ If yes, please explain: _____

Have you ever seen a psychiatrist or counselor: _____ If yes, please explain: _____

Spiritual

Denominational preference: _____

Church attending: _____ Member: _____

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8+

Do you believe in God: _____ Do you pray: _____ Would you say that you are a Christian: _____,

Or still in the process of becoming a Christian: _____

Have you ever been baptized: _____

How often do you read the Bible: Never: _____ Occasionally: _____ Often: _____ Daily: _____

Explain any recent changes in your religious life: _____

Briefly Answer The Following Questions

1. What is the problem (what brings you here)?

2. What have you done about the problem?

3. What are your expectations from counseling?

4. As you see yourself, what kind of person are you? Describe yourself.

5. Is there any other information that I should know?