

Personal Data Inventory

Date _____

IDENTIFICATION DATA

Name: _____ Phone: (____) _____

Cell: (____) _____ Emergency: (____) _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Sex: _____ Age: _____ Date of Birth: _____

Occupation: _____ Place of Business: _____ Phone: (____) _____

Marital Status: Single: __ Engaged: __ Married: __ Separated: __ Divorced: __ Widowed: __

Education (Circle Year Completed): Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 5 6 +

Major: _____ Other training (List Types): _____

Referred here by: _____

HEALTH INFORMATION

Rate your current physical health: Good: _____ Average: _____ Declining: _____ Poor: _____

Height: _____ Weight: _____ Recent weight changes: Lost: _____ Gained: _____

List all important past or present illnesses, injuries or handicaps: _____

Date of last medical examination: _____ Results: _____

Physician's name: _____

Have you ever had a severe emotional upset? _____

Have you ever had a problem with alcohol or drug abuse (prescription or non prescription)? _____

Have you ever been physically abused as a child or as an adult? _____

Have you ever been sexually molested, either as a child or as an adult? _____

Have you seen a psychologist, psychiatrist or/and counselor? _____

If yes, list counselors or therapists, and dates: _____

Are you willing to sign a release of information form so that your counselor may write for helpful social, psychiatric, or medical report? Y / N

Have you ever been arrested? Y / N If yes, for what reason? _____

Have you ever used drugs for other than medical purposes? Y / N

Are you presently taking any medication? Y / N Prescribed? Y / N By whom? _____

Over the counter? _____ Medication and dosage? _____

Please turn over

RELIGIOUS BACKGROUND

Current church you attend (if any): _____

Are you a member of a church? Yes ___ No ___ If yes, what is the name of the church? _____

Pastor: _____ Phone: (____) _____

Church attendance per month (Circle): 0 1 2 3 4 5 6 7 8 9 10+

Church attended in childhood: _____ Baptized? Yes _____ No _____

Religious background and current church attended by spouse, if married: _____

Are you saved? Yes _____ No _____ Not sure what you mean? _____

How often do you read the Bible? _____

Explain any significant religious changes in your life, if any: _____

How would you describe your personal relationship with Christ? _____

MARRIAGE INFORMATION

Note: If never married, check here ____, and skip to the "Information About Children" section.

Name of spouse: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Place of Business: _____ Phone: (____) _____

Your spouse's age: _____ Education (years): _____ Is your spouse willing to come in for counseling? _____

Have you ever been separated? Yes _____ No _____ When? From _____ To _____

Has either of you ever filed for divorce? Yes _____ No _____ When? _____

Date of this marriage: _____ Your ages when married: Husband: _____ Wife: _____

How long did you know your spouse before marriage? _____ Length of steady dating with spouse: _____

Is this your first marriage? _____ Give brief information about any previous marriages: _____

INFORMATION ABOUT CHILDREN:

*PR	Name	Age	Sex	Is child still living in your home? (Y/N)

* Check this column if child is by previous relationship

Please turn over