

Personal Data Inventory

Identification Data:

Date _____
Name _____ Home Phone (____) _____
Address _____ City _____ State _____ Zip _____
Occupation _____ Business Phone (____) _____
Sex _____ Birth Date _____ Age _____ Height _____
Marital Status: Single _____ Going Steady _____ Married _____ Separated _____ Divorced _____ Widowed _____
Education (last year completed): _____ (grade) _____ Other training (list type and years): _____

Referred here by _____ Address _____
City _____ State _____ Zip _____ Phone (____) _____

Health Information:

Rate your health (check): Very Good _____ Good _____ Average _____ Declining _____ Other _____

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

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

Date of last medical examination _____ Report: _____

Your physician _____ Address _____
City _____ State _____ Zip _____ Phone (____) _____

Are you presently taking medication? Yes _____ No _____ What? _____

Have you used drugs for other than medical purposes? Yes _____ No _____ What? _____

Have you ever had a severe emotional upset? Yes _____ No _____ Explain: _____

Have you ever been arrested? Yes _____ No _____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or medical reports? Yes _____ No _____

Religious Background:

Denominational preference: _____ Member _____

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 of spouse (if married) _____

Do you consider yourself a religious person? Yes _____ No _____ Uncertain _____

Do you believe in God? Yes _____ No _____ Uncertain _____

Do you pray to God? Never _____ Occasionally _____ Often _____

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

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

Do you have regular family devotions? Yes _____ No _____

Explain recent changes in your religious life, if any _____

Personality Information:

Have you ever had any psychotherapy or counseling before? Yes _____ No _____

If yes, list counselor or therapist and dates: _____

What was the outcome? _____

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

active ambitious self-confident persistent nervous hardworking impatient impulsive moody often-blue
excitable imaginative calm serious easy-going shy good-natured introvert extrovert likable leader quiet
hard-boiled submissive self-conscious lonely sensitive other _____

Have you ever felt people were watching you? Yes _____ No _____

Do people's faces ever seem distorted? Yes _____ No _____

Do you ever have difficulty distinguishing faces? Yes _____ No _____

Do colors ever seem too bright? Yes _____ No _____ Too dull? Yes _____ No _____

Are you sometimes unable to judge distance? Yes _____ No _____

Have you ever had hallucinations? Yes _____ No _____

Are you afraid of being in a car? Yes _____ No _____

Is your hearing exceptionally good? Yes _____ No _____

Do you have problems sleeping? Yes _____ No _____

Marriage and Family Information:

Name of spouse _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Phone (____) _____ Occupation _____ Business Phone (____) _____

Your spouse's age _____ Education (in years) _____ Religion _____

Is your spouse willing to come for counseling? Yes _____ No _____ Uncertain _____

Have you ever been separated? Yes _____ No _____ When? from _____ to _____

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

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

How long did you know your spouse before marriage? _____

Length of steady dating with spouse _____ Length of engagement _____

Give brief information about any previous marriages: _____

Information about children:

Name	Age	Sex	Living? Yes / No	Education (in years)	Marital Status
------	-----	-----	---------------------	-------------------------	-------------------

* Check this column if child is by previous marriage

If you were reared by anyone other than your own parents, briefly explain: _____

How many older siblings do you have? brothers _____ sisters _____

How many younger siblings do you have? brothers _____ sisters _____

BASIC INFORMATION QUESTIONNAIRE

Name _____

Date _____

Please answer the following questions:

1. What is the main problem as you see it? What brings you here?

2. What have you done about it?

3. What can we do? What are your expectations in coming here?

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

5. Is there any other information we should know?