

## Personal Data Inventory

Date \_\_\_\_\_

### Personal Identification data:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_

Marital Status Single \_\_\_ Engaged \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widow \_\_\_

Date of marriage \_\_\_\_\_ Your ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_

Education (last year completed - grade) \_\_\_\_\_ Other training: \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Bus Phone \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_ No \_\_\_ For what? \_\_\_\_\_

### Marriage and family information:

Spouse \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Education (last year completed - grade) \_\_\_\_\_ Other training: \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_

Have you ever been separated? Yes \_\_\_ No \_\_\_ Comments: \_\_\_\_\_

Has either of you ever filed for divorce? Yes \_\_\_ No \_\_\_ Comments: \_\_\_\_\_

Give brief information about any previous marriages: \_\_\_\_\_

Spouse previous marriages: \_\_\_\_\_

Information about children:

Child's Name	Age	Sex	Living w/you	Step-child

### Spiritual background:

Name of church currently attending: \_\_\_\_\_ Member? \_\_\_\_\_

Church attendance per month (circle or make **bold**): 0 1 2 3 4 5 6 7 8 9 10+

Church attended in childhood: \_\_\_\_\_ Baptized? Yes \_\_\_ No \_\_\_

Church attended in childhood of spouse (if married): \_\_\_\_\_

Would you say you are a Christian? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

Do you pray to God? Daily \_\_\_ Weekly \_\_\_ Occasionally \_\_\_ Never \_\_\_

How much do you read the Bible? Daily \_\_\_ Weekly \_\_\_ Occasionally \_\_\_ Never \_\_\_

Do you have regular family devotions? Daily \_\_\_ Weekly \_\_\_ Occasionally \_\_\_ Never \_\_\_

Recent changes in your spiritual life: \_\_\_\_\_

*Our counsel uses the Bible as the source of Truth and homework is required for each session.*

**Health information:**

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

Date of last medical exam \_\_\_\_\_

What, if any, current medical issues do you have?

\_\_\_\_\_  
List all important past illnesses, injuries or handicaps:

\_\_\_\_\_  
Do you have problems sleeping? Yes \_\_\_ No \_\_\_

Are you presently taking any 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: \_\_\_\_\_

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

**Personality information**

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

- Active \_\_\_ Ambitious \_\_\_ Self-confident \_\_\_ Persistent \_\_\_ Nervous \_\_\_
- Hardworking \_\_\_ Impatient \_\_\_ Impulsive \_\_\_ Moody \_\_\_ Often-blue \_\_\_ Lonely \_\_\_
- Excitable \_\_\_ Imaginative \_\_\_ Calm \_\_\_ Serious \_\_\_ Easy-going \_\_\_ Shy \_\_\_
- Good-natured \_\_\_ Introvert \_\_\_ Extrovert \_\_\_ Likable \_\_\_ Leader \_\_\_ Quiet \_\_\_
- Hard-boiled \_\_\_ Submissive \_\_\_ Self-conscious \_\_\_ Sensitive \_\_\_ Other \_\_\_\_\_

**Problem Check List:**

- Abuse \_\_\_ Anger \_\_\_ Anxiety \_\_\_ Apathy \_\_\_ Appetite \_\_\_ Bitterness \_\_\_
- Children \_\_\_ Communications \_\_\_ Conflict (fights) \_\_\_ Deception \_\_\_
- Decision-making \_\_\_ Depression \_\_\_ Drunkenness \_\_\_ Envy \_\_\_
- Fear \_\_\_ Finances \_\_\_ Gluttony \_\_\_ Guilt \_\_\_ Health \_\_\_
- Homosexuality \_\_\_ Impotence \_\_\_ In-laws \_\_\_ Loneliness \_\_\_ Lust \_\_\_
- Moodiness \_\_\_ Perfectionism \_\_\_ Sex \_\_\_ Sleep \_\_\_ Other \_\_\_\_\_

**Days and times you are available for counseling\*:**

Monday:	Tuesday:	Wednesday:	Thursday
Morning _____	Morning _____	Morning _____	Morning _____
Afternoon _____	Afternoon _____	Afternoon _____	Afternoon _____
Evening _____		Evening _____	Evening _____

**\* Counseling sessions are approximately 1 hour & are set for the same day & time each week.**

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**Briefly 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?**

(revised 09.30.10)

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