

# PERSONAL DATA INVENTORY

*(Fill out completely and give to your counselor at your first session. If both spouses are coming for counseling, each one should fill out a form. If a minor is receiving counseling, the parent may need to answer.)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

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

Referred by: \_\_\_\_\_

## HEALTH INFORMATION

Rate your health: Very Good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Declining \_\_\_\_\_ Other \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Recent weight changes: Lost \_\_\_\_\_ lbs., Gained \_\_\_\_\_ lbs.

List all important physical injuries, handicaps, and anomalies: \_\_\_\_\_

\_\_\_\_\_

Date of last Medical Examination: \_\_\_\_\_ Report: \_\_\_\_\_

\_\_\_\_\_

Your Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently taking medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, What? \_\_\_\_\_

\_\_\_\_\_

Have you used drugs for other than medical purposes? Yes \_\_\_\_\_ No \_\_\_\_\_ Which drugs? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

Have you forcibly or voluntarily been admitted for psychiatric observation or care?

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 \_\_\_\_\_

## RELIGIOUS BACKGROUND

Home Church: \_\_\_\_\_ Member: Yes \_\_\_ No \_\_\_

Church Attendance: \_\_\_\_\_ times/month. Baptized? Yes \_\_\_ No \_\_\_

Do you consider yourself a religious person? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

Do you believe in God? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

Are you saved? Yes \_\_\_ No \_\_\_ Not sure what you mean \_\_\_

Do you pray to God? Never \_\_\_ Occasionally \_\_\_ Often \_\_\_

How frequently do you read the bible? Never \_\_\_ Occasionally \_\_\_ Often \_\_\_

How frequently do you have family devotions? Never \_\_\_ Occasionally \_\_\_ Often \_\_\_

Explain recent changes in your religious life, if any: \_\_\_\_\_

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If none of the above fits your religious experience, explain your religious background, beliefs, and practices:

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## PERSONALITY INFORMATION

Have you ever sought out psychotherapy or counseling before? Yes \_\_\_ No \_\_\_

If yes, list counselor and dates: \_\_\_\_\_

What was the reason/outcome? \_\_\_\_\_

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CIRCLE ANY OF THE FOLLOWING WORDS WHICH BEST DESCRIBE YOU NOW:

active ambitious self-confident persistent nervous hardworking  
impatient impulsive moody blue excitable imaginative calm serious  
easy-going shy good-natured introvert extrovert likeable leader  
quiet hardened submissive self-conscious lonely sensitive

Personality changes over time (i.e., I used to be lighthearted, now I'm serious.):

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Have you ever felt people were watching you? Yes \_\_\_ No \_\_\_

Do people's faces ever seem distorted? Yes \_\_\_ No \_\_\_

Do colors ever seem too bright? Yes \_\_\_ No \_\_\_

Are you able to judge distance? Yes \_\_\_ No \_\_\_

Have you ever had hallucinations? Yes \_\_\_ No \_\_\_

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

Are you afraid of being in a car? Yes \_\_\_ No \_\_\_

What difficulties do you have in hearing (if any)? \_\_\_\_\_

**MARRIAGE, FAMILY, & SEXUALITY INFORMATION**  
(Never married, check here  and skip to \* below.)

Spouse's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_ Education (yrs.) \_\_\_\_\_

Religion: \_\_\_\_\_ Willing to attend counseling? Yes \_\_\_ No \_\_\_ IDK \_\_\_

Have you ever been separated? Yes \_\_\_ No \_\_\_ How many times? \_\_\_ Explain: \_\_\_\_\_

Have either of you ever filed for divorce? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

Date of marriage: \_\_\_\_\_ 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:**

PM+	Name	Age	Sex	Living? (Y/N)	Education (In Years)	Marital Status	Living w/ You

+Check PM column if child is by previous marriage.

\* If you were reared by anyone other than your own parents, explain: \_\_\_\_\_

How many *older* brothers \_\_\_\_ & sisters \_\_\_\_ do you have?

How many *younger* brothers \_\_\_\_ & sisters \_\_\_\_ do you have?

Have you been involved in any way with pornography? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

What was the extent of the involvement? \_\_\_\_\_

Have you been involved in sexual activity outside of marriage? Yes \_\_\_ No \_\_\_

When? \_\_\_\_\_ What was the extent of the involvement? \_\_\_\_\_

Describe your parents' marriage? \_\_\_\_\_

### GENERAL QUESTIONS

1) WHAT IS THE MAIN PROBLEM AS YOU SEE IT? (What brings you here?)

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2) WHAT HAVE YOU DONE ABOUT IT?

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3) WHAT DO YOU WANT US TO DO ABOUT IT?

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4). AS YOU SEE IT, WHAT KIND OF PERSON ARE YOU? (Describe yourself.)

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5) IS THERE ANY OTHER INFORMATION WE SHOULD KNOW?

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