**PERSONAL DATA INVENTORY**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: 🞏 Male 🞏 Female

Marital Status: 🞏 Single 🞏 Engaged 🞏 Married 🞏 Separated 🞏 Divorced 🞏 Remarried 🞏 Widow

Education: 🞏 Elementary 🞏 High School 🞏 GED 🞏 College 🞏 Graduate Degree:\_\_\_\_\_\_\_\_\_\_\_

Other Training (List type and years):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hobbies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred to us by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
If you were raised by anyone other than your own parents, briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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How many siblings do you have? Older brothers: \_\_\_ Sisters: \_\_\_ Younger brothers: \_\_\_ Sisters: \_\_\_\_

**MARRIAGE INFORMATION:**

Name of Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_

Does your spouse know you are coming for counseling? 🞏 Yes 🞏 No

Is your spouse willing to come to counseling? 🞏 Yes 🞏 No 🞏 Uncertain

Have you ever been separated? 🞏 Yes 🞏 No When? From: \_\_\_\_\_\_\_\_\_\_\_\_\_ Till: \_\_\_\_\_\_\_\_\_\_\_\_

Your ages when married: Husband: \_\_\_\_\_\_\_\_\_ Wife: \_\_\_\_\_\_\_\_\_\_\_ Wedding Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILDREN**  
NAME AGE SEX LIVING? EDUCATION MARITAL STATUS RELATION\*

yes/no  
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\*Please indicate if this child is from a previous marriage or someone other than your current spouse.

**HEALTH STATUS**

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

How much sleep do you get each night? \_\_\_\_\_\_hrs Aprox. bedtime \_\_\_\_\_\_\_\_ Aprox. wake \_\_\_\_\_\_\_

Your approximate: Weight \_\_\_\_\_ Height \_\_\_\_\_\_\_ Weight changes recently? Lost \_\_\_\_Gained \_\_\_\_

Do you have any chronic medical conditions? If yes, please list and describe below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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When is the last time that you have been seen by a doctor for a physical?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently taking prescription medications? 🞏 Yes 🞏 No

Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much alcohol do you consume? 🞏 Daily 🞏 Weekly 🞏 Occasionally 🞏 Very little or never

In the past five years, have you used illegal or excessive prescription drugs? 🞏 Yes 🞏 No 🞏 Not sure

**HISTORY & BACKGROUND**

Have you ever had any therapy or counseling before? 🞏 Yes 🞏 No

If yes, list counselor’s name, reason for counseling, and approximate dates:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What was the result of your counseling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

🞏 self confident 🞏 anxious 🞏 moody 🞏 often sad 🞏 impulsive

🞏 excitable 🞏 calm 🞏 shy 🞏 fearful 🞏 introvert

🞏 extrovert 🞏 likeable 🞏 lonely 🞏 bitter 🞏 angry

Have you ever had a severe emotional upset? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Have you ever been arrested? 🞏 Yes 🞏 No

**RELIGIOUS BACKGROUND**

Church attended in childhood (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What church do you now attend (if any)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many church activities you attend per month? 0 1 2 3 4 5 6 7 8 9 10 10+

May we contact your pastor / church leadership? 🞏 Yes 🞏 No Pastor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do you pray to God? 🞏 Yes 🞏 No 🞏 Occasionally

Are you a Christian? 🞏 Yes 🞏 No 🞏 Uncertain

Have you come to the place in your spiritual life where you can say that you know for certain that if you

were to die today you would go to heaven? 🞏 Yes 🞏 No 🞏 Not Sure

How often do you read the Bible? 🞏 Often 🞏 Occasionally 🞏 Never

Does your family regularly read the Bible and pray together? 🞏 Often 🞏 Occasionally 🞏 Never

If you died today and God asked you “Why should I let you into my heaven?” What would you say?

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

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Who is Jesus to you?

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**Briefly answer the following questions that help us understand your situation better**

1. Briefly describe your problem. How do you describe the issue(s) that brings you here today?

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2. What have you tried to do about it?

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3. How do you hope counseling might help? (What are your expectations in coming here?)

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4. What brings you here at this time? (Did any recent event cause you to schedule the appointment now?)

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5. Is there any other information you think we should know to help you?

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