

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 extrovert

likeable 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 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 () _____

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? _____

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 raised by anyone other than your own parents, briefly explain: _____

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

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