

PERSONAL DATA INVENTORY

IDENTIFICATION DATA

Name _____ Phone _____

Address _____ E-mail: _____

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 _____

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 or injuries or handicaps: _____

Date of last medical examination _____ Report: _____

Your physician _____ Address _____

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 information form? 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 born again? Yes _____ No _____ Not sure what you mean _____

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

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 approximate 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* _____

MARRIAGE AND FAMILY INFORMATION

Name of Spouse _____ Address _____

Phone _____ Occupation _____ Business Phone _____

Your Spouse's Age _____ Education (in years) _____ Religion _____

Is 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:

| PM* | Name | Age | Sex | Living Yes No | Education in Years | Marital Status |
|-----|------|-----|-----|------------------|-----------------------|----------------|
|-----|------|-----|-----|------------------|-----------------------|----------------|

*Check this column if child is by a previous marriage.

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

How many older brothers _____ sisters _____ do you have?

How many younger brothers _____ sisters _____ do you have?