

Personal Data Inventory

Name _____ Date _____
Home Phone _____
Address _____ City _____ State _____ Zip _____
Occupation _____ Work 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 _____ N/A _____
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 _____ If so, what? _____
Have you used drugs for other than medical purposes? Yes _____ No _____ If so, 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 counseling before? Yes___ No___

If yes, list counselor, type of counseling, 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 introvert 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 ever 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___ If yes, please describe _____

Marriage and Family Information

Name of spouse _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Occupation _____ Business Phone _____

Your spouse's age _____ Education _____ Religion _____

Is your spouse willing to come to counseling? Yes___ No___ Unsure___

Have you ever been separated? Yes___ No___ If so, when? From _____ to _____

Has either of you ever filed for divorce? Yes___ No___ If yes, 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	Marital Status
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Check this column if child is by previous marriage

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

How many siblings do you have? Brothers: older _____ younger _____ Sisters: older _____ younger _____