

Please Note: There are **three** pages to this form.
If two people are coming, both should complete this form

PERSONAL DATA INVENTORY

IDENTIFICATION DATA

Name _____ Phone _____

Address _____

Occupation _____ Business Phone _____

Email address _____ Cell Phone _____

Sex: Male ___ Female ___ Birthdate _____ Age _____

Marital Status:

Single ___ Going Steady ___ Married ___ Separated ___ Divorced ___ Widowed ___

Education (last year completed) _____ Other training (list type and years) _____

Referred here by _____ Address _____

Phone # of person referring _____

HEALTH INFORMATION

Rate your health (check): Very Good ___ Good ___ Average ___ Declining ___ Other ___

Weight changes recently: Lost _____ Gained _____

List all important present or past illnesses, injuries or handicaps: _____

Date of last medical examination _____ Report: _____

Your physician _____ Address _____

Are you presently taking medication? Yes ___ No ___ What _____

Have you ever been arrested? Yes ___ No ___ State circumstances: _____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or medical report? 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? Yes ___ No ___ Uncertain ___

Are you saved? Yes ___ No ___ Not sure what you mean ___

How frequently 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 _____

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 or No	Education in years	Marital Status
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*check this column if child is by previous marriage

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

How many older brothers _____ sisters _____ do you have?
 How many younger brothers _____ sisters _____ do you have?
 Have there been any deaths in the family during the last year? Yes ____ No ____
 Who and When: _____

PERSONALITY INFORMATION:

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 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 that 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 extravert 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 ____
 Are you sometimes unable to judge distance? Yes ____ No ____
 Have you ever had hallucinations? Yes ____ No ____
 Is your hearing exceptionally good? Yes ____ No ____
 Do you have problems sleeping? Yes ____ No ____
 How many hours of sleep do you average each night? _____

What is your main problem? What brings you here today?

What have you done about your problem?

What do you want us/me to do about it?

Is there any other information I/we should know about?