



PERSONAL DATA INVENTORY

Please complete this inventory carefully
(Question marks have been omitted)

PERSONAL IDENTIFICATION:

Name _____ Birth Date _____

Address _____ Zip _____

Age _____ Sex _____ Referred By _____

Marital Status:

Single _____ Engaged _____ Married _____ Separated _____ Divorced _____ Widowed _____

Education: (last year completed): _____

Home Phone _____ Business Phone _____

Employer _____ Position _____ Years _____

In case of emergency, please contact: _____ (name)

_____ (Phone

numbers)

MARRIAGE AND FAMILY:

Spouse _____ Birth Date _____

Age _____ Occupation _____ How long employed _____

Home Phone _____ Business Phone _____

Date of Marriage _____ Length of dating _____

Give brief statement of circumstances of meeting and dating _____

Have either of you been previously married _____ To Whom _____

Have you ever been separated _____ Filed for divorce _____

Information about children:

Name	Age	Sex	Living	Yrs. Ed.	Step-child
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

_ Describe relationship to your father

–
Describe relationship to your mother

–
Number of siblings _____ Your sibling order _____
Did you live with anyone other than parents _____

–
Are your parents living _____ Do they live locally _____

HEALTH

Describe your health _____

Do you have any chronic conditions _____ what _____

List important illnesses and injuries or handicaps _____

–
Date last medical exam _____ Report _____

Physician's name and address _____

Current medication(s) and dosage _____

–
Have you ever used drugs for other than medical purposes _____

If yes, please explain

–
Have you ever been arrested

Do you drink alcoholic beverages _____ If so, how frequently and how much _____

–
Do you drink coffee _____ How much _____

Other caffeine drinks _____ How much _____

Do you smoke _____ What _____ Frequency _____

Have you ever had interpersonal problems on the job _____

—

Have you ever had a severe emotional upset _____ If yes, explain _____

Have you ever seen a psychiatrist or counselor _____ If yes, explain _____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records

SPIRITUAL:

Denominational preference

Church attending

Church attendance per month (circle one) 0 1 2 3 4 5 6 7 8+

Do you believe in God _____ Do you pray _____

Would you say you are a Christian or still in the process of becoming a Christian _____

—

Have you been baptized _____ When _____

How often do you read the Bible _____ never _____ Occasionally _____ Daily

Explain any recent changes in your religious life

—

WOMEN ONLY:

Have you had any menstrual difficulties _____ Do you experience tension, tendency to cry, other symptoms prior to your cycle, please explain _____

Is your husband willing to come for counseling _____

Is he in favor of your coming _____ If no, explain _____

—

PROBLEM CHECKLIST:

___ Anger	___ Bitterness	___ Conflict (fights)
___ Anxiety	___ Change in lifestyle	___ Deception
___ Apathy	___ Children	___ Decision-making
___ Appetite	___ Communication	___ Depression

___ Drunkenness
___ Envy
___ Fear
___ Finances
___ Gluttony
___ Guilt
___ Health

___ Homosexuality
___ Impotence
___ In-laws
___ Loneliness
___ Lust
___ Memory
___ Moodiness

___ Perfectionism
___ Rebellion
___ Sex
___ Sleep
___ Wife Abuse
___ A vice
___ Other

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What is the problem or concern that brings you here today?

2. What have you done about this problem?

3. What are your expectations from counseling?

4. Is there any other information we should know about?

PERSONAL INVENTORY: Matthew 7:1-5

Rate yourself on each of the following traits. Before each word, put the number from the rating scale which most accurately describes you.

Rating Scale: 0 = Never 1 = Seldom 2 = Sometimes 3 = Often 4 = Usually

- | | |
|--|--|
| <input type="checkbox"/> Loving | <input type="checkbox"/> Courteous |
| <input type="checkbox"/> Honest | <input type="checkbox"/> Creative |
| <input type="checkbox"/> Sensitive | <input type="checkbox"/> Decisive |
| <input type="checkbox"/> Good father/mother | <input type="checkbox"/> Efficient |
| <input type="checkbox"/> Works hard | <input type="checkbox"/> Forgiving |
| <input type="checkbox"/> Humble | <input type="checkbox"/> Generous |
| <input type="checkbox"/> Keeps his/her word | <input type="checkbox"/> Frugal |
| <input type="checkbox"/> Dependable | <input type="checkbox"/> Appreciative |
| <input type="checkbox"/> Does not take advantage | <input type="checkbox"/> Hospitable |
| <input type="checkbox"/> Does not use people | <input type="checkbox"/> Diligent |
| <input type="checkbox"/> Not an opportunist | <input type="checkbox"/> Discerning |
| <input type="checkbox"/> Plans ahead | <input type="checkbox"/> Encouraging |
| <input type="checkbox"/> Knows where he/she is going | <input type="checkbox"/> Enthusiastic |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Courageous |
| <input type="checkbox"/> Consistent | <input type="checkbox"/> Conscientious |
| <input type="checkbox"/> Perseveres | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Admits it when wrong | <input type="checkbox"/> Considerate |
| <input type="checkbox"/> Teachable | <input type="checkbox"/> Persistent |
| <input type="checkbox"/> Analytical | <input type="checkbox"/> Punctual |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Disciplined |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Resourceful |
| <input type="checkbox"/> Neat | <input type="checkbox"/> Sincere |
| <input type="checkbox"/> Objective | <input type="checkbox"/> Other |

SPIRITUAL CONVICTIONS QUESTIONNAIRE: (Please use the back of this sheet if necessary.)

1. Describe Who God is:

2. Describe Who Jesus Christ is:

3. Describe the kind of relationship you have with God and His Son Jesus Christ:

4. What is the Definition of a Christian?

5. I am or (I am not) a Christian because:

6. What do you believe about the Bible?

7. What is your definition of sin?

8. What sins do you struggle with the most?

9. How do you handle sin in your life?

10. How do you handle guilt?

11. What do you tend to pray about the most?

12. What do you seek to accomplish in life?

13. I do attend or I do not attend church because:

14. I allow Christians or I do not allow Christians to be involved in my life because:

15. The changes I would like to make in my life are:

16. What have you learned about yourself and what have you learned about your partner? What changes do you need to make in light of this study?

(Adapted from Dr. Nicolas A. Ellen, Jay Adams, and Wayne Mack)