

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 introvert extrovert likable 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 _____

Marriage and Family Information:

Name of spouse _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

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? 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 previous marriage

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

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

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