

## 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:**

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 \_\_\_\_\_