

Personal Data Inventory

Date: _____
Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
E-mail _____ Sex _____ Birth Date _____ Age _____
Referred here by _____
How long have you lived in this area? _____ Where are you from? _____
Education (last year completed): _____
Other training: _____
Occupation: _____ Employer: _____
Explain any employment changes in the past three years: _____

Personal annual income: _____ Household annual income: _____

Health Information

Rate your health (check) Very good ___ Good ___ Average ___ Declining ___ Other ___
Height _____ Approximate weight _____ Recent weight changes _____
Date of last physical exam: _____ Result _____

List all important illnesses, injuries, or handicaps (past or present) _____

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

How many hours of sleep do you average per night? _____ Have there been any recent changes? _____ Is this sleep restful? _____ Do you have trouble sleeping? _____

Your Physician: _____ Address _____
City _____ State _____ Zip _____ Phone _____

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 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 _____

Have you ever been arrested? Yes _____ No _____ If Yes, explain briefly: _____

Does your present work satisfy you? If not, explain: _____

Religious Background

Are you currently attending church? Yes _____ No _____

Where? _____ How long? _____

Church attendance, times per month (circle) 0 1 2 3 4 5 6 7 8 9 10+

Have you ever left a church for any reason other than moving from the community? _____

If so, explain briefly _____

Religious background in childhood _____

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 ____
 Do you believe you will go to heaven when you die? _____
 How much do you read the Bible? Never ____ Occasionally ____ Often ____
 Explain any changes in your religious life in the last three years _____

Marriage and Family Information

Name of spouse _____ Date of Marriage _____
 Address if different _____
 Phone: _____ Occupation _____
 Spouse's age: _____ Education (in years): _____ Religion: _____
 Is your spouse willing to come with you 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? _____
 Give brief information about previous marriages _____

Information about children:

PM*	Name	Age	Sex	Education	Marital Status	Living? (Y/N)

*Check the PM column if child is by a previous marriage.

Briefly describe the home you grew up in _____

How many older brothers _____ sisters _____ do you have?
 How many younger brother _____ sisters _____ do you have?
 Are your parents living? _____ Where do they live? _____

□ **Briefly Answer the Following Questions:**

1. What is the main problem as you see it? What brings you here?
2. When did the problem start? Specify a date if possible.
3. What have you done about it?
4. What can **we** do? What are your expectations in coming here?
5. As you see yourself, what kind of person are you? Describe yourself.
6. Is there any other information we should know?