

# EQUIPPING FOR LIFE AND MINISTRY COUNSELING CENTER

## PERSONAL DATA INVENTORY

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business Phone \_\_\_\_\_ Sex: \_\_\_\_\_ Birth  
Date: \_\_\_\_\_ Age \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
Education: (last year completed) \_\_\_\_\_ Other training: \_\_\_\_\_  
\_\_\_\_\_ Referred here  
by: \_\_\_\_\_ Address \_\_\_\_\_

### HEALTH INFORMATION:

Rate your health: Very Good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Declining \_\_\_\_\_ Other \_\_\_\_\_ Your approximate weight: \_\_\_\_\_ lbs.  
Recent weight changes: Lost \_\_\_\_\_ lbs., Gained \_\_\_\_\_ lbs. List all important, present, or past, injuries or  
handicaps: \_\_\_\_\_  
\_\_\_\_\_ Date of last Medical  
Examination: \_\_\_\_\_ Report: \_\_\_\_\_

\_\_\_\_\_ Your  
Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Are you currently taking  
medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, What? \_\_\_\_\_ Have you used drugs for other than medical purposes? Yes \_\_\_\_\_ No \_\_\_\_\_  
Which drugs? \_\_\_\_\_ Have you ever had a severe  
emotional upset? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_ Have you ever been  
arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_ 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: \_\_\_\_\_ Church \_\_\_\_\_ Member: Yes \_\_\_\_\_ No \_\_\_\_\_ Church Attendance per month  
(circle): 0 1 2 3 4 5 6 7 8 9 10+ Church Attended in childhood \_\_\_\_\_ Were you 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 psychotherapy or counseling before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list counselor 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 likeable leader quiet hardboiled submissive self-conscious lonely sensitive  
other: \_\_\_\_\_

Have you ever felt people 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 \_\_\_\_\_  
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: \_\_\_\_\_  
Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Business Phone \_\_\_\_\_ Spouse's Age: \_\_\_\_\_ Education  
(yrs.) \_\_\_\_\_ Religion: \_\_\_\_\_ Is spouse willing to come for counseling? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_  
Have you ever been separated? Yes \_\_\_\_\_ No \_\_\_\_\_ When? from \_\_\_\_\_ to \_\_\_\_\_ Have either of you ever filed for  
divorce? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_ Date of marriage: \_\_\_\_\_ 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 Education Marital Y/N In yrs. status  
Living with  
you? y/n

---

---

Check PM column if child is by previous marriage

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

\_\_\_\_\_ How many older

brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

How many younger brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?