

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?