

Personal Data Inventory for Counselee

Application Date: _____

IDENTIFICATION DATA

Name of Counselee: _____

Name of Parent or Guardian (for minor): _____

Address: _____

Zip: _____

Email address: _____

Home Phone: _____

Sex: _____ Birth date: _____ Age: _____

Referred here by: _____

EDUCATION AND WORK -

Education (last year completed): _____ (grade) School: _____

Post High School Education or Training _____

Current Employer: _____

Position: _____

FAMILY INFORMATION:

Briefly describe the environment in which you grew up?

How many older brothers _____ sisters _____ do you have?

How many younger brothers _____ sisters _____ do you have?

MARRIAGE INFORMATION (If minor, answer for parent)

Marital Status: Single: _____ Going Steady: _____ Married: _____

Separated: _____ Divorced: _____ Widowed: _____

Your present marriage (if applicable):

Name of spouse: _____ Age _____

Education (last year completed): _____ (grade)

Post High School Education or Training _____

Current Employer: _____

Position: _____

Date of Marriage: _____

How long did you know your spouse before marriage? _____

Length of steady dating with spouse _____ Length of engagement _____

Give a brief statement of circumstances of meeting and dating:

Your ages when married: Husband _____ Wife _____

Have you been or are you separated? Yes _____ No _____ From _____ to _____

Have either of you ever filed for divorce? Yes _____ No _____ When? _____

Is your spouse willing to come in for counseling? Yes _____ No _____ Uncertain _____

Is he in favor of your coming for counseling? _____ If no, explain

Children (if minor, leave blank)

Name - Relationship (son, step-son, etc.) - Living at Home? - Age - Married

Your previous marriages (if applicable)

Dates and Children from this marriage

_____ to _____

_____ to _____

Spouse's previous marriages (if applicable)

Date and Children from this marriage

_____ to _____

_____ to _____

SPIRITUAL BACKGROUND

Do you believe in God? Yes_____ No_____ Uncertain_____

Do you read your Bible? Never_____ Occasionally_____ Often_____

Do you pray to God? Never_____ Occasionally_____ Often_____

Do you consider yourself born again? Yes_____ No_____ Uncertain _____

Not sure what you mean_____

If you were to die and stand before God and He asked you why He should permit you to enter Heaven, how might you respond?

Baptized? Yes_____ No_____

Explain recent changes in your spiritual life, if any: _____

Church presently attending (Name & Address) _____

Phone number: _____

Pastor's name: _____

Are you a member? Yes_____ No_____

How long have you been a member of regular attendee? _____

How often do you attend church a month? 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

In what ways do you serve in your local church?

Does your pastor or a church leader know of your decision to seek biblical counseling?

Yes_____ No_____

Have you been/are you under Church Discipline? Yes_____ No_____

If so, what church? _____

Religious background of spouse (if married)

HEALTH HISTORY

Rate your health (check):

Very Good_____ Good_____ Average_____ Declining_____ Other_____

List previous surgeries (those which required anesthesia):

List all prescription (and why you take them) and over the counter medications you take on a regular basis:

Have you used drugs for other than medical purposes? Yes_____ No_____

If so, what drugs? Is this current or past drug use?

What is your average daily caffeine consumption? (Include coffee, tea, chocolate, stimulants, and caffeinated soft drinks.)

How many alcoholic beverages do you drink, and how often?

How many hours of sleep do you average each night? _____ Have there been any recent changes, explain?

How would you describe your diet? Poor Ok Healthy Very Healthy

Have you ever had an eating disorder?_____ If yes, explain.

Do you exercise regularly? How often_____ Doing what_____

Have you experienced any recent weight changes? Explain._____

WOMEN'S HEALTH ISSUES

Are you menopausal (you have been without a period for at least a year)? _____

What physical and emotional symptoms do you experience before, during or after your cycle?

Is your cycle? Regular Somewhat Regular Irregular

PERSONAL ISSUES:

Have you ever had a severe emotional upset? Yes _____ No _____

Explain:

Have you ever had suicidal thoughts or attempted to commit suicide? Yes _____ No _____

Explain:

Have you ever been arrested? Yes _____ No _____ Explain:

Are you willing to sign a release of information form, if needed, for the counselor to work with your doctor, psychiatrist or your pastor/church leader? Yes _____ No _____

ABOUT YOURSELF

Have you ever had any psychotherapy or counseling before? Yes_____ No_____

Presently?_____

If yes, specify when and with whom: _____

What was the outcome?

PROBLEM CHECKLIST (Please check any issues that you struggle with)

_____ Anger	_____ Envy	_____ Appetite	_____ Anxiety
_____ Fear	_____ Memory	_____ Apathy	_____ Gluttony
_____ Moodiness	_____ Health	_____ Sex	_____ Children
_____ Depression	_____ Impotence	_____ Deception	_____ Sleep
_____ In-laws	_____ Homosexuality	_____ Spousal abuse	_____ Other _____

Please briefly answer the following questions:

1. State in your own words the nature of the main problem(s) that bring you in for biblical counseling:

2. When did your problems begin? Please specify a date if possible.

3. Please describe any significant events occurring at that time.

4. What have you done to try to resolve your problem(s)?

5. What would you like me to do for you? What kind of help do you expect?

6. Is there any other information I should know?