

IMPACT COVENANT MINISTRIES INTL., INC.  
PERSONAL DATA INVENTORY

IDENTIFICATION DATA:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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 \_\_\_\_\_

**HEALTH INFORMATION: (Optional)**

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 or injuries or handicaps:

\_\_\_\_\_

Date of last medical examination \_\_\_\_\_ Report: \_\_\_\_\_

\_\_\_\_\_

Your physician \_\_\_\_\_ Address \_\_\_\_\_

Are you presently taking medication? Yes \_\_\_\_ No \_\_\_\_ What \_\_\_\_\_

Have you used drugs for other than medical purposes? Yes \_\_\_\_ No \_\_\_\_

What? \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_ No \_\_\_\_

Have you recently suffered the loss of someone who was close to you? Yes \_\_\_\_ No \_\_\_\_

Have you recently suffered loss from serious social, business, or other reversals?

Yes \_\_\_\_ No \_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

## 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 \_\_\_\_\_ Baptised? 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 \_\_\_\_\_ Other \_\_\_\_\_

Are you saved? Yes \_\_\_ No \_\_\_ Not sure what you mean \_\_\_\_\_

How much do you read the bible? Never \_\_\_\_\_ Occasionally \_\_\_\_\_ Other \_\_\_\_\_

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 Likeable Leader Quiet  
Hard-boiled Submissive Lonely Self-conscious 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 difficulties distinguishing faces? Yes \_\_\_ No \_\_\_

Do colors ever seem too bright? \_\_\_\_\_ Too dull? \_\_\_\_\_

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 \_\_\_\_\_

Your spouse's age \_\_\_\_\_ Education (in years) \_\_\_\_\_ Religion \_\_\_\_\_

Is spouse willing to come for counseling? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Have you ever been separated? 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 marriage: \_\_\_\_\_

**Information about children:**

PM*	Name	Age	Sex	Living Yes No	Education In Years	Marital Status
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\*Check the column if child is by previous marriage

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

\_\_\_\_\_

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

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

**BRIEFLY ANSWER THE FOLLOWING QUESTIONS:**

1. What is your problem?

\_\_\_\_\_

2. What have you done about it?

\_\_\_\_\_

3. What can we do? (what are your expectations in coming here?)

\_\_\_\_\_

4. As you see yourself, what kind of person are you? Describe yourself

\_\_\_\_\_

5. What, if anything, do you fear?

\_\_\_\_\_

6. Is there any other information we should know?

\_\_\_\_\_

IMPACT COVENANT MINISTRIES INTL., INC.  
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PIANTATION, FL 33324

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MINISTRY AGREEMENT SHEET (required)

This is to confirm that Impact Covenant Ministry is a Para-church organization that provides various types of ministry activities including Christian Counseling. We do not function in the capacity of a psychologist, psychotherapist or psychiatrist. Our counseling services are strictly Bible-based as all our counselors have their degrees in Christian Counseling. All clients requiring the service of the afore mentioned professionals will be properly referred.

I the counselee agree that the counseling I am a participant of is as indicated in the above paragraph (Strictly Bible-based).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_