

The Biblical Counseling Ministry Personal Data Inventory

Please complete this inventory carefully

Personal Identification

Name: _____ Birth Date: _____

Address: _____ Zip Code: _____

Age: _____ Sex: _____ Referred By: _____

Marital Status (circle): Single Engaged Married Separated Divorced Widowed

Education (last year completed): _____

Home Phone: _____ Other Phone: _____

Employer: _____ Position: _____

Years: _____ Attend School: _____ Weekly Work/School hours: _____

Marriage and Family

Spouse: _____ Birth Date: _____

Age: _____ Occupation: _____ How Long Employed: _____

Home Phone: _____ Other Phone: _____

Date of Marriage: _____ Length of Dating: _____

Give a brief statement of circumstances of meeting and dating: _____

Have either of you been previously married: _____ To Whom: _____

Have you ever been separated: _____ Filed for divorce: _____

Information about Children:

Name:	Age:	Sex:	Living:	Year Ed.:	Step-Child:
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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Describe relationship to your father: _____

Describe relationship to your mother: _____

Number of sibling(s): _____ Your sibling order: _____

Do you or have you lived with anyone other than parents: _____

Parents still married: _____ Parents living: _____ Parents live locally: _____

Parent's religious convictions: _____

Health

Describe your overall health: _____

Describe any chronic conditions, important illnesses, injuries, or handicaps: _____

Date of last medical exam: _____ Report: _____

Physician's name and address:

Current medication(s) and dosage:

Have you ever-used drugs for anything other than medical purposes: _____

If yes, please explain:

Have you ever been arrested: _____

Do you drink alcoholic beverages: _____ If so, how frequently and how much: _____

Do you drink coffee: _____ How much: _____ Other caffeine drinks: _____

_____ How much: _____

Do you smoke: _____ What: _____ Frequency: _____

Have you ever had interpersonal problems on the job: _____

Have you ever had a severe emotional upset: _____ If yes, please explain: _____

Have you ever seen a psychiatrist or counselor: _____ If yes, please explain: _____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records: _____

Spiritual

Denominational preference: _____

Church attending: _____ Member: _____

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8+

Do you believe in God: ____ Do you pray: ____ Would you say that you are a Christian: _____,

Or still in the process of becoming a Christian: _____

Have you ever been baptized: _____ Are you involved in ministry: _____

How often do you read the Bible: Never: ____ Occasionally: ____ Often: ____ Daily: _____

Have you ever been disciplined? If yes, please describe: _____

Explain any recent changes in your religious life: _____

Women Only

Have you had any menstrual difficulties: _____ If you experience tension, tendency to cry, other symptoms prior to your cycle, please explain: _____

Is your husband willing to come for counseling: _____

Is he in favor of your coming: _____ If no, please explain: _____

Problem Severity: Please rate how these items impact your life

(blank) = no significant impact; 1 = mild impact; 2 = moderate impact; 3 = severe impact

_____ Anger	_____ Depression	_____ Loneliness
_____ Anxiety	_____ Drunkenness	_____ Lust
_____ Apathy	_____ Envy	_____ Memory
_____ Appetite	_____ Fear	_____ Moodiness
_____ Bitterness	_____ Finances	_____ Perfectionism
_____ Change in lifestyle	_____ Gluttony	_____ Rebellion
_____ Children	_____ Guilt	_____ Sex
_____ Communication	_____ Health	_____ Sleep
_____ Conflict (fights)	_____ Homosexuality	_____ Spouse abuse
_____ Deception	_____ Impotence	_____ A Vice
_____ Decision Making	_____ In-laws	_____ Other

Briefly Answer The Following Questions

1. Why have you sought counseling? What difficulties are you facing?
2. What have you done about the difficulties?
3. What are your expectations from counseling?
4. Is there any other information that we should know?