PROFESSIONAL COUNSELING SERVICES

PERSONAL DATA INVENTORY

Name _____ Today's Date: _____

Address _____ City _____ State _____ Zip _____

Occupation/Employer _____

Sex ____ Birthdate _____ Education (degree or years) _____

Home Phone: _____ ( ) Recorded messages okay. ( ) No messages. ( ) Do not call.

Work Phone: _____ ( ) Recorded messages okay. ( ) No messages. ( ) Do not call.

Cell: _____ ( ) Recorded messages okay. ( ) No messages. ( ) Do not call

Email Address: _____ (Used for personal communication only – no mail list.)

SPOUSE / PARTNER

Name _____ Relationship to Self _____ How Long? ____

Occupation/Employer _____

Cell Phone: _____ Work Phone: _____

May we contact partner at this number for scheduling related messages?

MARITAL HISTORY **CHILDREN INFORMATION**

Partner's First Name (Start with Current)	Your Age at Marriage	Spouse Age At Marriage	Married How Long?		Child's Name (Start with youngest)	Age	Name of Other Parent	Lives w/ you? Y – N – PT (Part Time)

MEDICAL Please list any significant present or past medical conditions and medication: _____

_____

Alcohol Use: Rarely ___ Weekly ___ Over Once Per Week ___ Legal problems related to alcohol? Y / N

Drug Use : Never ___ Rarely ___ Over Once Per Month ___ Legal problems related to drugs? Y / N

Have you ever received counseling before? _____ How would you describe the outcome?

_____

Do you currently have or suspect you have a specific psychological diagnosis (i.e. depression, biopolar…)?

Please identify. _____

Have you ever experienced:

__ Concussion or injury that left you unconscious?
__ Traumatic events, assault, or abuse?
__ Intrusive, upsetting memories of past events?
__ Unusual habits that don't achieve any purpose?
__ Unwelcome or intrusive thoughts?
__ Anxiety or panic attacks?
__ Recurring episodes of extreme rage.
__ Episodes of high energy, decreased sleep needs, or manic symptoms?
__ Persistent difficulty completing tasks or sorting through a constant stream of thoughts?

REASON SEEKING COUNSELING / OUTCOME DESIRED

If you are comfortable putting it in writing, please briefly identify specific issues that are of concern and what outcome(s) you hope to achieve through counseling.

_____

_____

Please indicate topics you think will be important for us to talk about at some point in our few sessions:

__ Specific confidentiality needs (clearance, identity….).
__ Concern about my safety (from self or other).
__ Recent changes, losses, or circumstances.
__ Recently emerging or worsening symptoms.
__ Specific experiences or events - recent or past.
__ Specific fears, worries, or phobias.
__ A specific relationship.
__ Relationships in general.
__ Symptoms that are hard to describe.
__ Depression, anxiety, worry, fear, or panic.
__ Family or personal history.
__ How I manage life or business.
__ My goals or dreams in life.
__ Issues related to sexuality.
__ Self-image issues.
__ Issues related to alcohol, tobacco, or other substance.
__ Issues related to physical health.
__ Spiritual issues.
__ Paranormal issues or experiences.
__ Things I've never been able to tell anyone.
__ Other:

_____

PREFERENCES (Optional - *Choose one from each pair – if no preference, leave blank*):

( ) I'm not sure what my goals are; **OR…**
( ) I'm very clear about what my goals are.

( ) I am looking for rapid solutions to some specific problems -- this shouldn't take long; **OR…**
( ) I don't want to be rushed -- this may take some time.

( ) I want to develop a specific plan with goals and target dates for each step; **OR…**
( ) I would rather work out a plan as I go along.

( ) I would like homework most weeks; **OR…**
( ) I probably won't get around to doing weekly homework.

( ) I enjoy reading and would like to be given some things to read; **OR…**
( ) I'll read only if I really have to.

( ) I'm willing and able to do writing assignments regularly; **OR…**
( ) Writing assignments will be very hard for me to finish.

FOR CHURCH-REFERRED CLIENTS (Optional):

( ) I would like to focus on things from a spiritual growth perspective; **OR…**
( ) I would rather focus on things from a behavioral or psychological perspective.

( ) I specifically want to include spiritual things (like prayer) in my sessions; **OR…**
( ) Spiritual things are okay, but not the main thing I'm looking for; **OR…**
( ) "Spiritual" things haven't been much of a resource for me.