

Assist from Above Counseling Ministry

**PERSONAL DATA INVENTORY**

**IDENTIFICATION DATA:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Marital Status: Single \_\_\_ Married \_\_\_ Engaged \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_  
Referred here by: \_\_\_\_\_ Address: \_\_\_\_\_

**HEALTH INFORMATION:**

Rate your health (check): Very Good \_\_\_ Average \_\_\_ Declining \_\_\_ Other \_\_\_  
List all important present of past illnesses or injuries or handicaps: \_\_\_\_\_  
\_\_\_\_\_  
Are you presently taking medication? Yes \_\_\_ No \_\_\_ State circumstances: \_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_ Baptized: Yes \_\_\_ No \_\_\_  
Religious background of spouse: \_\_\_\_\_  
Do you consider yourself a religious person? Yes \_\_\_ No \_\_\_ Unceertain \_\_\_  
Do you believe in God? Never \_\_\_ Occasionally \_\_\_ Often \_\_\_  
Are you saved? Yes \_\_\_ No \_\_\_ Not sure what do you mean \_\_\_  
How frequently do you read the Bible? Never \_\_\_ Occaisionally \_\_\_ Often \_\_\_  
Do you have regular family devotions? Yes \_\_\_ No \_\_\_  
Explain recent changes in your religious life, if any: \_\_\_\_\_  
\_\_\_\_\_

**MARRIAGE AND FAMILY INFORMATION:**

Name of spouse: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Business phone: \_\_\_\_\_

Spouse's age: \_\_\_\_\_ Education (in years): \_\_\_\_\_ Religion: \_\_\_\_\_

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 marriages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION ABOUT CHILDREN:**

NAME	AGE	SEX	LIVING	DECEASED	EDUCATION	MARITAL STATUS	FROM PREVIOUS MARRIAGE

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

\_\_\_\_\_