Personal Data Inventory Please complete this inventory carefully (Question marks have been omitted)

Personal Identification:

Name:			Birth Date:		
Address:					
Age:	Sex:	Referred by:			
Marital Status: (Please **bold/circle** the appropriate status)					
Single	Engaged	Married	Separated	Divorced	Widowed
Education: (last year completed)					
Phone:			Alternate Phone:		
Email:					
Employer:			Position:		Years:
Emergency Contact:				Phone:	

Marriage and Family:

Spouse Name:			Spouse Birth Date:
Age:	Occupation:	How long employed:	
Phone:		Alternate Phone:	
Date of Marriage:		Length of dating before marriage:	

Give brief statement of circumstances of meeting and dating:

Have either of you been previously married:	How many times: Him: Her:
Have you ever been separated:	Filed for divorce:

Information about children:

Name	Age	Sex	Living w/you?	Grade?	Step-child

Number of siblings:	Your sibling order:
Did you live with anyone other than parents as a child:	
Are your biological parents living	Do they live locally
Describe your relationship with your biological Father: Describe your relationship with your biological Mother:	
HEALTH:	
Describe your health	
Do you have any chronic conditions	what
List important illnesses and injuries or handicaps	
Have you ever used drugs for other than medical purposes	
If yes, please explain	
Have you ever been arrested	If so, why
Do you drink alcoholic beverages	If so, how frequently and how much
Do you drink coffee	If so, how frequently and how much
Other caffeine drinks	If so, how frequently and how much
Do you smoke	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 a Christian?	
Name of church attending:	

Church attendance per month (Please **bold/circle** number to indicate)	0	1	2	3	4	5	6	7	8+

Have you been baptized:

How often do you read the Bible (Please **bold/circle** appropriate word to indicate)	Never	Occasionally	Daily

PROBLEM CHECKLIST: (Mark (**X**) or bold those that apply to you)

	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. What is the problem or concern that brings you to counseling:

2. What have you done about this problem:

3. What are your expectations from counseling:

4. Is there any other information we should know about:

PERSONAL INVENTORY:

Rate yourself on each of the following traits. Before each word, put the number from the rating scale that most accurately describes you.

Rating Scale:	0 = Never	1 = Seldom	2 = Sometimes	3 = Often	4 = Usually

	Loving		Courteous
	Honest		Creative
	Sensitive		Decisive
	Good father/mother		Efficient
	Work hard		Forgiving
	Humble		Generous
	Keep my word		Frugal
	Dependable		Appreciative
	Do not take advantage of others		Hospitable
	Do not use people		Diligent
	Not an opportunist		Discerning
	Plan ahead		Encouraging
	Know where you are going		Enthusiastic
	Fair		Courageous
	Consistent		Conscientious
	Protects		Patient
	Admit when wrong		Considerate
	Teachable		Persistent
	Analytical		Punctual
	Compassionate		Disciplined
	Cooperative		Resourceful
	Neat		Sincere
	Objective		Other

SPIRITUAL CONVICTIONS QUESTIONNAIRE: (Please use as much space as needed.)

1. Describe Who God is:

2. Describe Who Jesus Christ is:

3. Describe the kind of relationship you have with God and His Son Jesus Christ:

4. What is the Definition of a Christian:

5. I am or (I am not) a Christian because:

6. What do you believe about the Bible:

7. What is your definition of sin:

8. What sins do you struggle with the most:

9. How do you handle sin in your life:

10. How do you handle guilt:

11. What do you tend to pray about the most:

12. What do you seek to accomplish in life:

13. I do attend or I do not attend church because:

14. I allow Christians or I do not allow Christians to be involved in my life because:

What have you learned about yourself and what have you learned about your spouse (if married) and what changes do you need to make in light of this knowledge: