

PERSONAL DATA INVENTORY

Please complete this inventory carefully
(Question marks have been eliminated)

PERSONAL IDENTIFICATION

Name _____ Birth Date _____

Address _____

Age ____ Sex ____ Referred by _____

Marital Status: Single ____ Engaged ____ Married ____ Separated ____

Divorced ____ Widowed ____

Education: (last yr. completed) _____

Home phone _____ Business phone _____

Employer _____ Position _____ Yrs. _____

MARRIAGE AND FAMILY

Spouse _____ Birth Date _____

Age ____ Occupation _____ How Long Employed? _____

Home phone _____ Business phone _____

Date of marriage _____ Length of dating _____

Give a brief statement of circumstances of meeting and dating _____

Have either of you been previously married _____

Information about children:

Name	Age	Sex	Living	Yr. Ed.	Step-child
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Describe relationship to your father _____

Describe relationship to your mother _____

Number of siblings _____ Your sibling order _____

Did you live with anyone other than parents _____

Are your parents living _____ Do they live locally _____

HEALTH

Describe your health _____

Do you have any chronic conditions _____ What _____

List important illnesses and 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 other than medical purposes _____

If yes, please explain _____

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 seen a psychiatrist or counselor _____

Have you ever had a severe emotional upset _____ If yes, 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 one) 0 1 2 3 4 5 6 7 8+

Do you believe in God _____ Do you pray _____ Would you say you are a Christian _____, or still in the process of becoming a Christian _____

How often do you read the Bible _____ Never _____ Occasionally _____ Often _____ Daily. Explain any recent changes in your religious life _____

WOMEN ONLY

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

Is your husband willing to come to counseling _____

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

CIRCLE any of the following words which best describe you *now*: active ambitious self-confident persistent nervous hardworking impatient impulsive moody kindly often-blue excitable imaginative calm serious easy-going shy good-natured introvert extrovert likeable leader quiet hard-boiled submissive spiritual self-conscious lonely 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 difficulty distinguishing faces? Yes ____ No ____
 Do colors ever seem too bright? Yes ____ No ____
 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 ____

PROBLEM CHECK LIST

____ Anger	____ Envy	____ Appetite
____ Anxiety	____ Fear	____ Memory
____ Apathy	____ Gluttony	____ Moodiness
____ Bitterness	____ Guilt	____ Rebellion
____ Change in lifestyle	____ Health	____ Sex
____ Children	____ Homosexuality	____ Sleep
____ Depression	____ Impotence	____ Wife abuse
____ Deception	____ In-laws	____ A vice

BRIEFLY ANSWER THE FOLLOWING QUESTIONS (use reverse side, if necessary)

1. What is your problem (what brings you here)?

2. What have you done about this problem?

3. What are your expectations from counseling?

4. Is there any other information we should know?