

# Personal Data Inventory

Date: \_\_\_\_\_

## IDENTIFICATION DATA

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_ Postal Code: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Business: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Marital Status: Single: \_\_ Engaged: \_\_ Married: \_\_ Separated: \_\_ Divorced: \_\_ Widowed: \_\_

Education (Circle Year Completed): Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 5 6 +

Major: \_\_\_\_\_ Other training (List types): \_\_\_\_\_

Referred here by: \_\_\_\_\_

## HEALTH INFORMATION

Rate your current physical health: Good: \_\_\_\_ Average: \_\_\_\_ Declining: \_\_\_\_ Poor: \_\_\_\_

Height: \_\_\_\_ Weight: \_\_\_\_ Recent weight changes: Lost: \_\_\_\_ Gained: \_\_\_\_

List all important past or present illnesses, injuries or handicaps: \_\_\_\_\_

Date of last medical examination: \_\_\_\_\_ Results: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Have you ever had a severe emotional upset? \_\_\_\_\_

Have you ever had a problem with alcohol or drug abuse (prescription or non-prescription)? \_\_\_\_\_

Have you ever been physically abused as a child or as an adult? \_\_\_\_\_

Have you ever been sexually molested, either as a child or as an adult? \_\_\_\_\_

Have you seen a psychologist, psychiatrist or/and counselor? \_\_\_\_\_

If yes, list counselors or therapists, and dates: \_\_\_\_\_

Are you willing to sign a release of information form so that your counselor may write for helpful social, psychiatric, or medical reports? Y / N

Have you ever been arrested? Y / N If yes, for what reason? \_\_\_\_\_

Have you ever used drugs for other than medical purposes? Y / N

Are you presently taking any medication? Y / N Prescribed? Y / N By whom? \_\_\_\_\_

Over the Counter? \_\_\_\_\_ Medication and dosage? \_\_\_\_\_

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**RELIGIOUS BACKGROUND**

Current Church you attend (if any): \_\_\_\_\_

Are you a member of a church? Yes \_\_\_ No \_\_\_ If yes, what is the name of the church? \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_

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 and current church attended by partner (if applicable): \_\_\_\_\_

Are you saved? Yes \_\_\_ No \_\_\_ Not sure what you mean \_\_\_

How often do you read your Bible? \_\_\_\_\_

Explain any significant religious changes in your life, if any: \_\_\_\_\_

How would you describe your personal relationship with Christ? \_\_\_\_\_

**MARRIAGE INFORMATION**

Note: If never married, check here \_\_\_\_, and skip to the “Information About Children” section.

Name of spouse: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Business: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Your spouse’s age: \_\_\_\_\_ Education (years): \_\_\_\_\_ Is your spouse willing to come in for counseling? \_\_\_\_\_

Have you ever been separated? Yes \_\_\_ No \_\_\_ When? From \_\_\_\_\_ To \_\_\_\_\_

Has either of you ever filed for divorce? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

Date of this marriage: \_\_\_\_\_ Your ages when married: Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_ Length of steady dating with spouse: \_\_\_\_\_

Is this your first marriage? \_\_\_\_\_ Give brief information about any previous marriages: \_\_\_\_\_

**INFORMATION ABOUT CHILDREN**

*PR	Name	Age	Sex	Is child still living in your home? (Y/N)

\*Check this column if child is by previous relationship

**Please turn over**