Basic Information Sheet

Name

Briefly answer the following questions

1. What is the problem that brings you here?

2. What have you done about it?

3. What can we do to help? What are your expectations in coming here?

4. As you see yourself, what kind of person are you? Describe yourself.

5. Is there any other information we should know?

Personal Data Inventory

Date _____

IDENTIFICATION INFORMATION

Name: _____ Date of Birth: _____

Phone: (_____)_____ Cell: (_____)_____ Age: _____ Sex: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Place of Business: _____ Phone: (_____)_____

Marital Status: Single _____ 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 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, and/or counselor? _____

If yes, list counselor or therapists, and dates: _____

Have you ever been arrested? _____ If yes, for what reason? _____

Have you ever used drugs for other than medical reasons? _____

Are you presently taking any medication? _____ Prescribed? By whom? _____

Over the counter? _____ Medication and dosage? _____

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+

Religious background and current church attended by spouse, if married: _____

Are you saved? Yes ____ No____ Not sure what you mean? _____ Baptized? Yes_____ No _____

How often do you read the Bible? _____

Explain any significant religious changes in your life, if any: _____

_____

How would you describe your personal relationship with Christ? _____

_____

MARITAL INFORMATION

Note: if never married, check here _____ and skip to the "Information about Children" section

Name of spouse: _____ Phone: (_____)_____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Place of Business: _____ Phone: (_____)_____

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	Living at home?

* Check this column if child is by a previous relationship