fc FAITHCHURCH

DATE _____ FILE # _____

PERSONAL DATA INVENTORY

Counseling appointments are available: Wednesday 9:00am - noon????

Best available: DAY(S):_____ TIME(S):_____

Personal Identification:

Name: _____ Birth Date: _____

Address: _____ Zip Code: _____

Age: _____ Sex: _____ Referred by: _____

Marital Status: Single Engaged Married Separated Divorced Widowed

Education (last year completed): _____

Email: _____ Best Contact Phone: _____

Employer: _____ Position: _____ Years: ____

Marriage and Family:

Spouse: _____ Birth Date: _____

Age: _____ Occupation: _____ How long employed: _____

Home Phone: _____ Work Phone: _____

Date of Marriage: _____ Length of Dating: _____

Give a brief statement of circumstances of meeting and dating:

_____

_____

_____

_____

Have either of you been previously married? _____ To whom? _____

Have you ever been separated? _____ Filed for divorce? _____

Is spouse willing to come for counseling? NO YES Uncertain

Information about Children:

Name	Age	Sex	Where Living	Grade	Step Child Y/N

Describe your relationship to your father: _____

_____

Describe your relationship to your mother: _____

_____

Number of sibling(s): _____ What place in sibling order: _____

Did you live with anyone other than parents:?: _____

Are your parents living? _____ Do they live locally? _____

HEALTH

Rate your health (check): Very Good Good Average Declining Other: _____

Weight changes recently: Lost _____ Gained _____

Do you have any chronic conditions? _____ Explain: _____

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 anything other than medical purposes? _____ If yes, explain:

_____

_____

Have you ever been arrested?_____

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? _____ If yes, please 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

Church attending: _____ Pastor's Name: _____

Member Yes No Church Attendance per month 0 1 2 3 4 5 6 7 8+

Do you believe in God? _____ Do you pray? _____ Would you say that your are a Christian? _____

Or still in the process of becoming a Christian? _____ Have you ever been baptized? _____

How often do you read the Bible? Never Occasionally Often Daily

Explain any changes in your religious life: _____

_____

Are you involved in some kind of ministry at your church or elsewhere? _____

Do you financially support your church on a regular basis? Yes No

WOMEN ONLY

Have you had any menstrual difficulties? _____ If you experience tension, tendency to cry, other

symptoms prior to your cycle, please explain: _____

Is your husband willing to come for counseling? ____ Is he in favor of your coming? ____ if no,

please explain: _____

_____

_____

_____

Problem Check List

- ☐ Abuse
- ☐ Adultery
- ☐ Anger
- ☐ Anxiety
- ☐ Apathy
- ☐ Appetite
- ☐ Bitterness
- ☐ Change in lifestyle
- ☐ Children
- ☐ Communication
- ☐ Conflict (fights)
- ☐ Deception
- ☐ Decision Making
- ☐ Depression
- ☐ Drugs
- ☐ Drunkenness
- ☐ Eating Disorder
- ☐ Envy
- ☐ Fear
- ☐ Finances
- ☐ Forgiveness
- ☐ Gambling
- ☐ Guilt
- ☐ Health
- ☐ Homosexuality
- ☐ Impotence
- ☐ In-laws
- ☐ Loneliness
- ☐ Lust
- ☐ Marriage Issues
- ☐ Memory
- ☐ Moodiness
- ☐ Perfectionism
- ☐ Pornography
- ☐ Rebellion
- ☐ Self Injury
- ☐ Sex
- ☐ Sleep
- ☐ Suicide
- ☐ Other _____

Briefly answer the following questions:

1. What circumstances led to your coming here at this point in time? _____

_____

_____

_____

2. What have you done about the problem? _____

_____

_____

_____

3. What are your expectations from counseling? _____

_____

_____

4. Is there any other information that we should know? _____

_____

_____