Personal Data Inventory

Today's Date:

Name_____ Sex_____ Age_____ Date of Birth ____/____/_____

Address_____ Phone _____
(Street) (City) (State) (Zip)

E-Mail _____ Cell Phone _____

Occupation _____ Education/Training_____

Business Address_____ Phone _____

Referred for Counseling by _____

Personal History

Parents: Name Age (if living) Occupation Marital Status

Father: _____

Mother: _____

Guardian (if applicable) _____Relation to you _____

Date_____to_____ Reason for Guardianship_____

Siblings: Name Age Relationship Marital Status

_____

_____

_____

_____

_____

More than Five? Yes☐ No☐

Indicate which might have applied during your childhood and/or adolescence:

Emotional/behavioral problems_____ School Problems _____ Family Problems _____

Medial Problems _____ Drug/Alcohol abuse problems _____ Social Problems _____

Legal Problems _____

Has anyone in your immediate family been hospitalized or received some form of professional help for psychological problems? If so, please specify who, when they received help, and the nature of the problem.

Occupational History

What positions have you held in the past?

Does your present work satisfy you?

Marital History

Marital Status: single Engaged Married Remarried Separated Divorced Widowed

Your present marriage (if applicable)

Spouse's name _____ Age _____ Occupation _____

Spouse's religious background _____ Education _____

Date of marriage _____ Have you ever been separated from your present spouse?

If Yes, please specify when: 1) _____ to _____ 2) _____ to _____

Children:

Name	Relationship (son, step-daughter, etc.)	Living at Home?	Age	Marital Status	Occupation

Your previous marriages (if applicable)

Date: Children from this marriage:

_____ To _____ _____

_____ To _____ _____

Spouse's previous marriages (if applicable)

Date: Children from this marriage:

_____ To _____ _____

_____ To _____ _____

Religious Background

Denominational preference: _____

Church presently attending (name & address)

_____ Phone:_____

Pastor: _____ Permission to consult with pastor? Yes No

Do you believe in God? Yes No Uncertain

Do you consider yourself "saved?" Yes No Not sure what that means?___

If you were to die and stand before God and He asked you why He should permit you to enter Heaven, how might you respond?

_____

_____

_____

Medical History

Have you had any of the following physical problems? Please check:

Heart Problems	____	Cancer	____	Speech Problems	____
Liver Problems	____	Bulimia	____	Poor coordination	____
Kidney problems	____	Anorexia	____	Menstrual irregularities	____
Concussion	____	Sensory distortions	____	Change in sexual drive	____
Stroke	____	Weakness	____	Problems walking	____
Seizures	____	Fatigue	____	Unusual hair loss	____
Brain Tumor	____	Rashes	____	Heat/Cold sensitivity	____
Multiple Sclerosis	____	Memory problems	____	Hallucinations	____
Parkinson's Disease	____	Bowel/Bladder	____	Episodic disorientation	____
Blackouts	____	Problems	____	Personality change	____
Amnesia	____	Nausea/Vomiting	____	Déjà vu	____
Tremors	____	Impotence	____	Recent weight loss	____
Thyroid Dysfunction	____	Physical change	____	Changes in consciousness	____
Diabetes	____	Constant hunger	____	Headaches	____
Hypoglycemia	____	Food cravings	____	Dizziness	____
Lung Problems	____	Fever	____	Stiff neck	____
Allergies	____	Pneumonia	____	High blood pressure	____
Head injury/ Visual problems.	____				

List previous surgeries (those which required anesthesia)

List all prescription and over-the-counter medications: Include diet pills, laxatives, birth control pills, cold & allergy medicines, and aspirin.

What is your average daily caffeine consumption? Include coffee, tea, chocolate, stimulants, and caffeinated soft drinks.

How many hours of sleep do you average each night? Have there been any recent changes? Is this sleep restful?

Have you or others noticed any changes in your personality (anger, mood swings, withdrawal), thinking and memory, or work habits?

State in your own words the nature of the main problem(s):

When did your problems begin? Please specify a date if possible.

Please specify any significant events occurring during that time.