Personal Data Inventory

Please fill out this form prior to scheduling your first counseling session. The information you provide will enable us to better serve you. Everything with an asterisk (*) must be filled out.

Your name * _____

Email address * _____

Identification Data

Phone number * _____

Address * _____

Apt/unit/box (optional) _____

City _____

State _____

Postal code _____

Preferred Method of Contact * (circle what is applicable)

Phone Call Email Text

Occupation * _____

Highest Level of Education Completed * _____

Gender *

Male Female

Birthdate * _____

Referred here by _____

Religious Affiliation * _____

Marriage and Family Situation

Marital status *

Single Married Widowed Divorced

Do you have children? *

Yes No

If Yes, please provide the following information:

Name	Sex	Living (Y/N)	Age	Education	Marital status

Background and Health Information

Is there anything significant we should know about your childhood? *

If you were reared by anyone other than your parents, briefly explain:

How many brothers _____ sisters _____ do you have?

Have there been any deaths in the family during the last year?

Yes No

If yes who and when:

How would you rate your health? *

Very good Good Average Declining Other

What was the date of your last medical exam and what were the results? *

Are you presently taking any medications? *

Yes No

If Yes, what?

Do you have problems sleeping? Yes No

How many hours of sleep do you average each night? _____

Have you had any counseling or psychotherapy before? *

Yes No

If yes, list counselor or therapist and dates:

_____

_____

What was the outcome?

_____

_____

Have you suffered significant loss from social, business, financial, or personal circumstances? *

Yes No

If yes circle which one(s) above.

Have you ever been arrested? *

Yes No

If yes please briefly explain:

Please circle any struggles or difficulties that you have had in the last 6 months *

Increase in appetite	Problems concentrating
Decrease in appetite	Low motivation
Increase in weight	Isolating from others
Decrease in weight	Frequent anger
Difficulty sleeping/insomnia	Depressed mood/sadness
Fatigue/low energy	Anxiety/fear
Feelings of inferiority	Panic attacks
Hopelessness	Moodiness
Bitterness	Financial strain
Lifestyle change	Substance abuse
Pornography	Guilt
Conflict in relationships	Chronic pain
Homosexuality	Self injury
Addiction	Deceit
Suicidal thinking	Grief
Abuse	Headaches
Change in sexual drive	Other

Religious Background

Do you regularly attend a church? *

Yes No

If Yes are you a Member?

Church attendance per month (circle) 0 1 2 3 4 5 6 7 8 9 10+

Baptized? yes no

Church attended in childhood _____

Do you believe in God? *

Yes No Uncertain

Have you come to the place in your spiritual life where you know with certainty that if you were to die today you would go to heaven? *

Yes No Uncertain

Do you read your Bible? *

Yes No

Do you pray? *

Yes No

Are you involved in ministry in your church? If so, please explain *

Please note any recent changes in your spiritual life *

Pre-Counseling Questions

Please describe the current problem(s) that led you to seek counseling and when they began *

Please describe any significant events occurring at the time your problems began *

What led you to seek help now? *

What would you like us to do for you? What kind of help do you want from us? *

Is there any other information we should know? *

In the event we are training others to be effective biblical counselors, would you agree to allow a counselor-in-training to be present during your sessions? *

Yes No

Informed Consent and Counseling
Read our "Informed Consent and Counseling" policy before signing below.

Consent and Release *

By signing and submitting this form, I am indicating that: 1) I have read the "Informed Consent and Counseling Policy", 2) I understand and consent to this policy, fully intending to be bound by the same, and 3) I am enrolling myself into biblical counseling of my own will.

Yes No

Signature: _____

Today's Date * _____

As of today's date, are you over 18 years of age? *

Yes No