

**EQUIPPING FOR LIFE AND MINISTRY COUNSELING CENTER**  
**PERSONAL DATA INVENTORY**  
**(To be completely filled out by counselees and made available to their**  
**counselor before their first session)**

**IDENTIFICATION DATA:**

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business Phone \_\_\_\_\_ Sex: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
Education: (last year completed) \_\_\_\_\_ Other training: \_\_\_\_\_  
\_\_\_\_\_  
Referred here by: \_\_\_\_\_ Address \_\_\_\_\_

**HEALTH INFORMATION:**

Rate your health: Very Good \_\_\_ Good \_\_\_ Average \_\_\_ Declining \_\_\_ Other \_\_\_\_\_  
Your approximate weight: \_\_\_ lbs. Recent weight changes: Lost \_\_\_ lbs., Gained \_\_\_ lbs.  
List all important, present, or past, injuries or handicaps: \_\_\_\_\_  
\_\_\_\_\_

Date of last Medical Examination: \_\_\_\_\_ Report: \_\_\_\_\_

Your Physician: \_\_\_\_\_ Address: \_\_\_\_\_  
Are you currently taking medication? Yes \_\_\_ No \_\_\_ If so, What? \_\_\_\_\_  
Have you used drugs for other than medical purposes? Yes \_\_\_ No \_\_\_  
Which drugs? \_\_\_\_\_  
Have you ever had a severe emotional upset? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or medical reports? Yes \_\_\_ No \_\_\_

**RELIGIOUS BACKGROUND:**

Denominational preference: \_\_\_\_\_ Church \_\_\_\_\_ Member: Yes \_\_\_ No \_\_\_  
Church Attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+  
Church Attended in childhood \_\_\_\_\_ Were you baptized? Yes \_\_\_ No \_\_\_  
Religious background of spouse (if married) \_\_\_\_\_  
Do you consider yourself a religious person? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_  
Do you believe in God? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_  
Do you pray to God? Never \_\_\_ Occasionally \_\_\_ Often \_\_\_  
Are you saved? Yes \_\_\_ No \_\_\_ Not sure what you mean \_\_\_  
How much do you read the bible? Never \_\_\_ Occasionally \_\_\_ Often \_\_\_  
Do you have regular family devotions? Yes \_\_\_ No \_\_\_

Explain recent changes in your religious life, if any:

**PERSONALITY INFORMATION:**

Have you ever had psychotherapy or counseling before? Yes \_\_\_ No \_\_\_  
If yes, list counselor and dates: \_\_\_\_\_  
What was the outcome? \_\_\_\_\_

CIRCLE ANY OF THE FOLLOWING WORDS WHICH BEST DESCRIBE YOU NOW: active ambitious self-confident persistent nervous hardworking impatient impulsive moody often-blue excitable imaginative calm serious easy-going shy good-natured introvert extrovert likeable leader quiet hardboiled submissive self-conscious lonely sensitive other: \_\_\_\_\_

- Have you ever felt people watching you? Yes \_\_\_ No \_\_\_
- Do people's faces ever seem distorted? Yes \_\_\_ No \_\_\_
- Do you ever have difficulty distinguishing faces? Yes \_\_\_ No \_\_\_
- Do colors ever seem too bright? Yes \_\_\_ No \_\_\_
- Are you sometimes unable to judge distance? Yes \_\_\_ No \_\_\_
- Have you ever had hallucinations? Yes \_\_\_ No \_\_\_
- Are you afraid of being in a car? Yes \_\_\_ No \_\_\_
- Is your hearing exceptionally good? Yes \_\_\_ No \_\_\_
- Do you have problems sleeping? Yes \_\_\_ No \_\_\_

**MARRIAGE AND FAMILY INFORMATION:**

Name of spouse: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Spouse's Age: \_\_\_\_\_ Education (yrs.) \_\_\_\_\_ Religion: \_\_\_\_\_  
 Is spouse willing to come for counseling? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_  
 Have you ever been separated? Yes \_\_\_ No \_\_\_ When? from \_\_\_\_\_ to \_\_\_\_\_  
 Have either of you ever filed for divorce? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_  
 Date of marriage: \_\_\_\_\_ Ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_  
 How long did you know your spouse before marriage? \_\_\_\_\_  
 Length of steady dating with spouse \_\_\_\_\_ Length of engagement \_\_\_\_\_  
 Give brief information about any previous marriages: \_\_\_\_\_  
 \_\_\_\_\_

Information about children:

<u>PM</u>	<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Living Y/N</u>	<u>Education In yrs.</u>	<u>Marital status</u>	<u>Living with you? y/n</u>

Check PM column if child is by previous marriage

If you were reared by anyone other than your own parents, explain: \_\_\_\_\_

How many older brothers \_\_\_ sisters \_\_\_ do you have?  
 How many younger brothers \_\_\_ sisters \_\_\_ do you have?

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1) WHAT IS THE MAIN PROBLEM AS YOU SEE IT? (what brings you here)

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2) WHAT HAVE YOU DONE ABOUT IT?

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3) WHAT DO YOU WANT US TO DO ABOUT IT?

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4) AS YOU SEE YOURSELF, WHAT KIND OF PERSON ARE YOU? (describe yourself)

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5) IS THERE ANY OTHER INFORMATION WE SHOULD KNOW?

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