



Personal Data Inventory

Note: This form will only be viewed by Pastor Jojo and is considered confidential. Please complete the form as carefully as possible and return it to him in a sealed envelope.

I. Personal Information:

Name _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Business Phone _____

Occupation _____ Gender ____ Birth Date _____

Age _____ Height _____ Ethnicity _____

Marital Status (circle): Single Dating Married Separated Divorced Widowed

High School Education (circle highest completed): 9 10 11 12

College (name and degree): _____

Post-College/Graduate School (name and degree): _____

Other Training: _____

Referred here by _____

II. Health Information:

Rate Your Physical Health (circle): Very Good Good Average Declining

Approximate Weight: _____ lbs. Recent Weight Changes: Lost/Gained _____ lbs.

List All Significant Present or Past Illnesses, Injuries, or Disabilities: _____

Date of Last Medical Exam: _____ Report: _____

Have You Used Drugs for Other Than Medical Purposes? _____ If Yes, What? _____

Are You Presently Taking Medication? _____ If Yes, What? _____

Have You Ever Had a Severe Emotional Upset? _____

Have You Ever Had Any Psychotherapy or Counseling? _____ If Yes, List Therapist or
Counselor and Dates: _____

Have You Ever Been Arrested? _____

III. Religious Background Information:

How Often Do You Attend Church per Month? _____

Which Church Did You Attend in Childhood? _____

Are You Baptized? _____ Do You Consider Yourself Religious? _____

Religious Background of Spouse (if married): _____

Do You Believe in God? _____ Do You Pray to God? _____

Are You a Christian (circle one)? Yes No Not sure what you mean

How Much Do You Read the Bible (circle one)? Never Occasionally Often

What Are Some Persistent/Habitual Areas of Sinful Struggle (e.g., Worry, Anger, Lust, Fears)?

Explain Any Recent Changes in Your Religious or Spiritual Life, If Any: _____

IV. Personality Information:

Circle Any of the Following Words Which Best Describe You Now:

Active Ambitious Self-Confident Persistent Nervous Hardworking Impatient
Impulsive Moody Gloomy Excitable Imaginative Calm Serious Easy-going
Shy Good-natured Introvert Extrovert Likeable Leader Quiet Stubborn
Submissive Self-Conscious Lonely Sensitive Angry

Have You Ever Felt People Were Watching You? _____

Do Colors Seem Too Bright? _____ Or Too Dull? _____

Are You Able to Judge Distance? _____ Have You Ever Had Hallucinations? _____

Do you have problems sleeping (if yes, explain)? _____

V. Marriage Information (if never married, please skip this section):

Name of Spouse _____ Occupation _____

Phone _____ Business Phone _____

Is Spouse Willing to Come for Counseling? _____

Have You Ever Been Separated? _____ Have Either of You Ever Filed for Divorce? _____

Marriage Date: _____ Your Ages When Married: Husband _____ Wife _____

How Long Did You Know Your Spouse Before Marriage? _____

How Long was your Dating or Courting Period? _____ How Long was the Engagement? _____

Give Brief Information on Any Previous Marriages: _____

Previous Marriage Broken by (circle one): Divorce Death

Information about Children (please list from oldest to youngest; also if child is from a previous marriage, please mark a * next to name):

Name	Age	Gender	Living	Marital Status
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Your Spouse's Age _____ Religious Affiliation _____

VI. Parental Family History Information:

If You Were Reared by Anyone Other Than Your Own Parents, Briefly Explain: _____

Is Your Father Still Living? _____ Mother? _____

Your Father's Religious Affiliation? _____ Mother? _____

How Often Does Your Father Attend Church per Month? _____ Mother? _____

What is Your Father's Occupation? _____ Mother? _____

Are Your Parents Still Living Together? _____ If Not, Cause of Separation? _____

When Were They Separated? _____

Rate Your Parents' Marriage (circle one): Very Happy Happy Average Unhappy

As a Child, Who Did You Feel Closest to? _____

Rate Your Childhood Life (circle one): Very Happy Happy Average Unhappy

How Many Brothers and Sisters Do You Have? _____

How Many Older Brothers? _____ Older Sisters? _____

VII. Pre-Counseling Information (briefly answer the following questions):

(1) What is the main problem, as you see it? Why are you here?

(2) What have you done about it?

(3) What can I do to best serve/help you?

(4) Describe your spouse's personality in a few words (e.g., selfish, loving, etc.).

(5) As you see yourself, what kind of person are you? Describe yourself.

(6) Is there any other information I should know?