

PERSONAL DATA INVENTORY

This Personal Data Inventory is our way of getting to know you so we can best serve you. It is important to gather both past and present information. We want you to be as open and specific in your answers as possible. This will help us to be both prepared and effective in the counseling process. This information will be kept highly confidential.

PLEASE PRINT YOUR INFORMATION AND WRITE LEGIBLY

Personal Information

1. Today's Date: \_\_\_\_\_
2. Your Name: First: \_\_\_\_\_ Last: \_\_\_\_\_
3. If not for yourself, for whom are you filling this out for? \_\_\_\_\_
4. Your Gender [circle]:    Male                  Female
5. Your birth date: \_\_\_\_\_                  Age: \_\_\_\_\_
6. Email address: \_\_\_\_\_
7. Best contact phone number: \_\_\_\_\_
8. Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
9. Occupation: \_\_\_\_\_
10. You were referred to Biblical Counseling by [circle]:  
Pastor                  Elder                  Impact Group Leader                  Other
11. Their Name: \_\_\_\_\_
12. Church Status [circle]:    Member                  Attender                  Other
13. If church status is "other", explain: \_\_\_\_\_
14. Are you in an Impact Group? [circle]    Yes    No                  For how long? \_\_\_\_\_  
If Yes – Leader's Name: \_\_\_\_\_  
If No – Would you like to be in one? [circle]    Yes                  No  
Is your IG leader aware that you are seeking Biblical counseling?    Yes                  No

Family Information

15. Marital Status [circle]:    Single    Engaged    Married    Divorced    Separated    Widow

16. Date of Marriage: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

17. Spouse's Phone Number: \_\_\_\_\_

18. Have you ever been separated? [circle]    Yes    No

19. If "yes", how many times and how long? \_\_\_\_\_ Legal separation?    Yes    No

20. Have either of you filed for divorce? [circle]    Yes    No

21. If "yes" who filed and when? \_\_\_\_\_

22. Have you been married previously? [circle]    Yes    No

23. If "yes", explain: \_\_\_\_\_

24. If you have children, please list their names, ages, and if applicable, their marital status:

\_\_\_\_\_

\_\_\_\_\_

Health Information

25. General Health [circle]:    Good    Average    Poor    Other

26. Do you exercise? [circle]    No    4-5x/week    2-3x/week    Once/week

27. Type of exercise? [circle]    Cardio    Cardio/Weights    Weights    Team Sport    Other

28. Do you have problems sleeping? [circle]    Yes    No    Just Recently    Depends on Circumstances

29. Eating Habits – food choices [circle]:    Very Healthy    Healthy    Normal    Mixed    Junk Food

30. Do you drink coffee or caffeinated beverages? [circle]    Yes    No

31. Do you drink alcohol? [circle]    Yes    No

If "yes", how often and how much? \_\_\_\_\_

32. Do you smoke? [circle]    Yes    No

33. Would you like to add information to the previous questions?

---



---

34. Do you take prescription medication? [circle] Yes No

35. If "yes", please list name, reason for taking it, dosage and how long you've been on it.

*Ex: Crestor, High Cholesterol, 10mg once a day, 2 years. [please include psychotropic drugs]*

Name	Reason	Dosage	Duration

36. Please list name and contact info of the medical professional that is monitoring your prescription for all psychotropic drugs. \_\_\_\_\_

37. Have you ever used drugs for non-medical purposes? [circle] Yes No

If "yes", please give a brief description of when and why you used them: \_\_\_\_\_

---

38. Have you ever used or were addicted to drugs? [circle] Yes No

If "yes", please give a brief description of when and why you used them: \_\_\_\_\_

---

Background Information

39. Other than your parents, was there any other significant role model growing up? [circle] Yes No

40. If "yes", explain:

---

---

41. Parenting was [circle]:

Authoritative --- High control, rules without relationship

Permissive --- Low control

Disengaged --- Very little control of and relationship with kids

42. Were your parents divorced? [circle] Yes No

43. Home atmosphere was [circle]: Affectionate Critical Outwardly religious

Perfectionistic

Hostile

Authentically Christian

44. Was there abuse in your past? [circle all the apply] No Physical Sexual Emotional

45. If yes, explain:

---

---

46. Was there substance abuse in your family? [circle] Yes No

If yes, explain:

---

---

47. Have you ever been arrested? [circle]: Yes No

48. Have you recently had significant circumstances/events in your life [i.e. job loss, birth, death, etc.]?

[circle] Yes No If yes, explain:

---

---

49. Did you have any significant traumatic events as a child or have you ever had an extreme emotional reaction to a situation in your life?

---

---

50. Have you ever had any counseling or psychotherapy? [circle] Yes No

If "yes", a. Do you know what type of counseling or psychotherapy?

---

b. When and for how long?

---

51. Are you currently receiving other counseling? Yes No

If "yes", from where and for how long?

---

#### Faith Background

52. Do you have a *growing* relationship with the Lord Jesus Christ? [circle] Yes No

If "yes", a. Please describe how your relationship with God began:

---

---

b. How would you describe your relationship with the Lord today?

---

---

53. Have you been baptized? [circle] Yes No

If "yes", when?

---

54. How often are you in God's Word? [circle] Multiple times a day Daily Several

times/week At least a couple times a week Not at all

55. How often do you pray?[circle] Multiple times a day Daily Several times/week At

least a couple times a week Not at all

56. Are you serving Christ? [circle] Yes No If "yes", where?

---

57. Has your spouse put his/her faith in Jesus Christ as their Lord and Savior? [circle] N/A Yes

No If "yes", when? \_\_\_\_\_

Briefly answer the following questions:

58. From your perspective, what would you say is/are the problem[s] you want to address through counseling?

---

---

---

---

59. What have you done so far to address it/them?

---

---

---

---

60. How can we help? What are your expectations in coming to counseling?

---

---

---

---

61. What, if anything, do you fear?

---

---

---

62. Is there any other information your counselor should know?

---

---

---

63. Circle which days of the week would work for you: Sun Mon Tues Wed Thurs Fri

64. What times of the day work best for you? \_\_\_\_\_

An Advocate serves to support the person in need as they are learning to see God at work in their concerns, problems, pain, etc. Because transformational change happens in the community of believers, advocates play a vital part in helping and encouraging another in making lasting godly change for the glory of God.

65. Is there someone you know who you think would be a good advocate? (We can also help provide you with an advocate when necessary).

---

66. What is their relationship with you? \_\_\_\_\_