**Personal Data Inventory**

IDENTIFICATION DATA:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_

Education: (last year completed) \_\_\_\_\_\_\_\_\_\_\_\_Other training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 medical diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Attach sheet if necessary)

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Primary Care Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MD,DO,NP, or PA)

Are you currently taking medication? Yes\_\_No\_\_

If so, please list name, dosage, and how it is taken below:

Have you used drugs for other than medical purposes? Yes \_\_\_No\_\_

Which drugs?

Have you ever had a severe emotional upset? Yes\_\_No\_\_ If yes, explain below:

Have you ever been arrested? Yes\_\_No\_\_ If yes, explain below:

**RELIGIOUS BACKGROUND**:

Denominations you have been a part of:

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\_\_

How frequently 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 hard-boiled 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:

Have you ever been married? Yes\_\_ No\_\_\_

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:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PM\* | Name | Age | Sex (M/F) | Living (Y/N) |  Education (in yrs.) | Marital Status |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

\*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?

What is your current relationship with your siblings?

**Presenting Issue**:

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What is the main problem, as you see it?
2. What have you done about it?
3. What do you believe we can do to help you? What are your expectations in seeking help?
4. As you see yourself, what kind of person are you? Describe yourself?
5. Is there any other information or something in your past we should know?