The Discipleship Counseling Ministry
Personal Data Inventory

Please complete this inventory carefully
(Question marks have been eliminated.)

Personal Identification

Name: _____ Birth Date: _____

Address: _____ Zip Code: _____

Age: _____ Sex: _____ Referred By: _____

Marital Status: Single: _____ Engaged: _____ Married: _____ Separated: _____
Divorced: _____ Widowed: _____

Education (last year completed): _____

Home Phone: _____ Work Phone: _____

Employer: _____ Position: _____

Years: _____

Marriage and Family

Spouse: _____ Birth Date: _____

Age: _____ Occupation: _____ How Long Employed: _____

Home Phone: _____ Work Phone: _____

Date of Marriage: _____ Length of Dating: _____

Give a brief statement of circumstances of meeting and dating: _____

_____

Have either of you been previously married: _____ To Whom: _____

Have you ever been separated: _____ Filed for divorce: _____

Information about Children:
Name: Age: Sex: Living: Year Ed.: Step-Child:

_____

_____

_____

_____

_____

Describe relationship to your father: _____

_____

Describe relationship to your mother:

_____

_____

Number of sibling(s): _____ Your sibling order: _____

Did you live with anyone other than parents: _____

_____

Are your parents living: _____ Do they live locally: _____

Health

Describe your health:

_____

Do you have any chronic conditions: _____ What: _____

List important illnesses and injuries or handicaps:

_____

_____

Date of last medical exam: _____ Report: _____

Physician's name and address:

_____

Current medication(s) and dosage:

_____

_____

Have you ever-used drugs for anything other than medical purposes: _____

If yes, please explain:

_____

_____

Have you ever been arrested: _____

Do you drink alcoholic beverages: _____ If so, how frequently and how much: _____

_____

Do you drink coffee: _____ How much: _____

Other caffeine drinks: _____ How much: _____

Do you smoke: _____ What: _____ Frequency: _____

Have you ever had interpersonal problems on the job:

_____

_____

Have you ever had a severe emotional upset: _____ If yes, please explain: _____

_____

Have you ever seen a psychiatrist or counselor: _____ If yes, please explain: _____

_____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records: _____

Spiritual

Denominational preference: _____

Church attending: _____ Member: _____

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

Do you believe in God: ____ Do you pray: ____

Would you say that you are a Christian, or still in the process of becoming a Christian:

_____

Have you ever been baptized: _____

How often do you read the Bible: Never: _____ Occasionally: _____ Often: _____ Daily: _____

Explain any recent changes in your religious life:

_____

_____

Women Only

Have you had any menstrual difficulties: _____ If you experience tension, tendency to cry, other symptoms prior to your cycle, please explain: _____

Is you husband willing to come for counseling: _____

Is he in favor of your coming: _____ If no, please explain: _____

Problem Check List

Rate how the following items impact your life
(blank) = no significant impact
1= mild impact
2= moderate impact
3= severe impact

____Anger	____Discouraged/Downcast	____Memory
____Anxiety	____Drunkenness	____Moodiness
____Apathy	____Envy	____Overwhelmed
____Appetite	____Fear	____Perfectionism
____Bitterness	____Finances	____Pornography
____Change in lifestyle	____Gluttony	____Procrastination
____Children	____Guilt	____Rebellion
____Communication	____Health	____Sexual Immorality
____Conflict (fights)	____Homosexuality	____Sex (in marriage)
____Control	____Impotence	____Sleep
____Deception	____In-laws	____SpouseAbuse
____DecisionMaking	____Laziness	____TimeUsage
____Depression	____Loneliness	____Weary
____Disciplined Living	____Lust	____Other
____Disorganization	____Marriage	

Briefly Answer The Following Questions

1. What is your problem?

2. What have you done about the problem?

3. What would you like us to do about the problem?

4. Is there any other information that we should know?