

PERSONAL DATA INFORMATION FORM

Please fill in the following information and mail it back to me before the first counseling session or bring it with you to the first session.

IDENTIFICATION DATA

Date _____
Name _____
Phone (Home) _____ Fax _____ Pager _____
Cell Phone _____ Email Address _____
Address (Home) _____
City _____ State _____ Zip _____
Occupation _____
Address (Work) _____
Phone (Work) _____ Pager _____
Sex: (M) _____ (F) _____ Birthdate _____ Age _____
Referred here by _____
Education (last year you completed) _____ (grade, degree)
Other training (list type and years -- include any degrees)

HEALTH INFORMATION

Rate your health (check): Very Good _____ Good _____ Average _____ Declining _____ Other _____
Height _____ Approximate weight _____ lbs. Weight changes recently: (+/-) _____
List all important present or past illnesses or injuries or handicaps:

Your physician _____ Address _____
Date of last medical examination _____ Report _____
Are you presently taking medication: Yes _____ No _____
If yes, please list the medication(s) and what it treats: _____

Have you used drugs for other than medical purposes? Yes _____ No _____
What? _____
Have you ever had an abortion? Yes _____ No _____ When? _____
Have you ever thought of committing suicide? Yes _____ No _____ When? _____
Have you ever been arrested? Yes _____ No _____ When? _____
Have you recently suffered the loss of someone who was close to you? Yes _____ No _____
Explain: _____

Please answer the following questions. Use as much space and write as much as you are comfortable explaining. The more information that I know ahead of time, the less time will be needed and the more our thoughts can be organized. (Feel free to add additional sheets.)

1. What brings you here? Please be specific about the problems you are experiencing.

2. What have you done about this situation?

3. What are your expectations in coming here? What do you want me to do?

4. Is there any other information I should know?

MARRIAGE AND FAMILY INFORMATION

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

Give brief information about any previous marriages: _____

If you are presently married:

Name of Spouse _____

Address _____

Occupation _____

Phone (Home) _____ (Work) _____

Your spouse's age _____ Education (in years) _____ Religion _____

Is your spouse willing to come for counseling? Yes _____ No _____ Uncertain _____

Is your spouse in favor of your coming? _____ If no, explain _____

Have you ever been separated? Yes _____ No _____ When? from _____ to _____

Have either of you ever filed for divorce? Yes _____ No _____ When _____

Date of marriage _____ Your ages when married: Husband _____ Wife _____

How long did you know your spouse before marriage? _____

Did you have premarital counseling? Yes _____ No _____ If yes, how many sessions? _____

Information about children

Name	Age	Sex	Education	Marital Status	Personality/character	Living?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

RELIGIOUS BACKGROUND

Denominational preference: _____

Member of _____ (church)

How often do you attend per month? (circle) 0 1 2 3 4 5 6 7 8 9 10+

What church did you attend as a child? _____ Baptized? _____

Do you consider yourself a religious person? Yes _____ No _____ Uncertain _____

Do you believe in God? Yes _____ No _____ Uncertain _____

Do you believe Satan exists? Yes _____ No _____ Uncertain _____

Have you ever "dabbled" with the "Occult"? Yes _____ No _____ Uncertain _____

(Seances, devil worship, witchcraft, Ouija board, horoscopes, etc.)

Do you pray to God? Yes _____ No _____ Never _____ Occasionally _____

Would you say you are a Christian? Yes _____ No _____

Or would you say you are still in the process of becoming a Christian? _____

If you are a Christian, describe briefly when, how, where, etc. you became a Christian:

Have you ever made a profession of faith in Jesus Christ (confessed you are a sinner and asked Him to be your Lord/Savior)? Yes _____ No _____ Not certain what you mean _____

How often do you read the Bible? Never _____ Occasionally _____ Often _____

Do you have regular devotions? Yes _____ No _____ Not sure what you mean _____

Explain recent changes in your religious life, if any: _____

PERSONALITY INFORMATION

Have you undergone any kind of counseling before? Yes _____ No _____

If yes, list counselor/psychologist/psychiatrist/therapists and dates:

Was it beneficial? _____ What was the outcome? _____

What, if anything, do you fear? _____

Have you recently suffered a loss from serious social, business or other reversals, etc.?

Yes _____ No _____ Explain: _____

Circle any of the following words which best describe you now:

Godly	Ethical	Hypocritical	Strict	Angry	Unreasonable	Abusive
Irresponsible	Cruel	Uneducated	Proud	Embarrassing	Active	Ambitious
Self-confident	Persistent	Nervous	Hardworking	Impatient	Impulsive	Moody
Often-blue	Likable	Excitable	Imaginative	Calm	Serious	Sensitive
Easy-going	Shy	Good-natured	Introvert	Extrovert	Leader	Quiet
Hard-boiled	Submissive	Lonely	Self-conscious	Humorous	Sloppy	Whiner
Selfish	Lots of Friends	Failure	Success	Self-disciplined		

Are there other words that would help you to describe yourself? _____

Circle the words that describe **why you seek counseling**:

Grief	Suicidal thoughts	Relationship w/parents	Loss of self-respect	Fear
Loneliness	Anxiety	Relationship w/children	Loss of love	Nervousness
Depression	Marriage problems	Sexual concerns	Loss of faith in God	Anger with God
Nervousness	Homosexuality	Sexual coldness	Loss of faith in others	Self doubt
Guilt	Compulsive lust	Religious doubts/fears	Loss of hope	Substance abuse
Anger	Pre-marital counseling	Worry	Loss of meaning	

Is there any other information that would help us to help you? (You may use reverse side.)

TELEVISION & ENTERTAINMENT

How much television do you watch every day? _____ hours

List your favorite programs: _____

What is your favorite type of music/entertainers? _____

BIO-PSYCHOLOGICAL INFORMATION

Have you ever felt people were 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 _____
Have you ever had hallucinations?	Yes _____	No _____
Are you plagued by fears?	Yes _____	No _____
Do you have problems sleeping?	Yes _____	No _____
Do you hear voices?	Yes _____	No _____

PERSONAL BEHAVIORAL HABITS

Do you drink coffee or other caffeinated drinks?	Yes _____	No _____	How much/day? _____
Do you smoke?	Yes _____	No _____	How much? _____
Do you explode when you get angry?	Yes _____	No _____	
Do you withdraw when you get angry or hurt?	Yes _____	No _____	
Do you frequently argue with other people?	Yes _____	No _____	
Do you drink alcohol?	Yes _____	No _____	How much/day? _____
Do you use drugs?	Yes _____	No _____	What kind/how much? _____