



**Personal Data Inventory**

Please complete this inventory carefully

**Personal Identification**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Referred By: \_\_\_\_\_

Marital Status:      Single: \_\_\_\_\_      Engaged: \_\_\_\_\_      Married: \_\_\_\_\_  
                                 Separated: \_\_\_\_\_      Divorced: \_\_\_\_\_      Widowed: \_\_\_\_\_

Education (highest level completed): \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Is this home, cell, or work? \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Years: \_\_\_\_\_

**Marriage and Family**

Spouse: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ How Long Employed: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Is this home, cell, or work? \_\_\_\_\_

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: \_\_\_\_\_

Is your spouse willing to come for counseling: \_\_\_\_\_

Is your spouse in favor of your coming: \_\_\_\_\_ If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Information about Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Living: \_\_\_\_\_ Year Ed.: \_\_\_\_\_ Step-Child: \_\_\_\_\_

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Describe relationship to your father: \_\_\_\_\_

Describe relationship to your mother: \_\_\_\_\_

Describe relationship to your mother: \_\_\_\_\_

Number of sibling(s): \_\_\_\_\_ Your sibling order: \_\_\_\_\_

Did you live with anyone other than parents? \_\_\_\_\_

Are your parents living? \_\_\_\_\_

**Health**

Describe your health: \_\_\_\_\_

Describe your health: \_\_\_\_\_

Do you have any chronic conditions? \_\_\_\_\_ What? \_\_\_\_\_

List important illnesses and injuries or handicaps: \_\_\_\_\_

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Date of last medical exam: \_\_\_\_\_ Report: \_\_\_\_\_

Physician's name and contact information: \_\_\_\_\_

Physician's name and contact information: \_\_\_\_\_

Current medication(s) and dosage: \_\_\_\_\_

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Have you ever-used drugs for anything other than medical purposes? \_\_\_\_\_

If yes, please explain:

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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 cigarettes or use tobacco products? \_\_\_\_\_ Frequency: \_\_\_\_\_

Have you ever had interpersonal problems on the job? \_\_\_\_\_ If yes, please explain:

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

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Have you ever seen a psychiatrist or counselor? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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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 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:

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**Financial**

Approximate yearly family income: \_\_\_\_\_

Do you own your home? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you have significant debt in any of the following areas?

\_\_\_\_\_ home \_\_\_\_\_ car \_\_\_\_\_ school \_\_\_\_\_ credit cards

Are you saving money? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you give money to your church or other charities? \_\_\_\_\_ yes \_\_\_\_\_ no

Is money a source of struggle or discomfort in your life? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you involved in or anticipate being involved in legal actions? \_\_\_\_\_ yes \_\_\_\_\_ no

**Women Only**

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

**YOUR INFORMATION**

We are grateful to the LORD for the opportunity to meet with you and sincerely desire to understand what is happening in your life. The below checklist and questions are a way for us to gather more information about what is going on. You can check as many boxes as you need, and your answers can be as long as you like but please write at least a few sentences for each question. **(If additional space is needed, please feel free to answer the questions in a separate document.)** Thank you for your help, and we will be prayerfully anticipating our meeting.

**Problem Check List**

_____ Anger	_____ Drunkenness	_____ Loss of Loved One
_____ Anxiety	_____ Eating problems	_____ Lust
_____ Apathy	_____ Envy	_____ Memory
_____ Appetite	_____ Fear	_____ Moodiness
_____ Bitterness	_____ Finances	_____ Perfectionism
_____ Change in lifestyle	_____ Gluttony	_____ Pornography

_____ Children	_____ Guilt	_____ Rebellion
_____ Communication	_____ Health	_____ Sex
_____ Conflict (fights)	_____ Homosexuality	_____ Sleep
_____ Deception	_____ Impotence	_____ Spousal Abuse
_____ Decision Making	_____ In-laws	_____ A Vice
_____ Depression	_____ Loneliness	_____ Other

**Please Tell Us Your “STOREE.”**

*It will be helpful to have at least a few sentences or short paragraph for each letter of STOREE.  
(If additional space is needed, please feel free to answer the questions in a separate document.)*

Thank you for your help, and we will be prayerfully anticipating our meeting.

*Situation:* What seems to be the main problem?

*Thinking:* What do you think or wonder about yourself in relation to the situation? What do you think of others in relation to the situation?

*Others:* How are others involved? How does this issue impact others? What have others done to compound or alleviate the problem?

*Response:* What are you doing about this issue? What have you done to try to address this issue in the past? What are your typical actions or reactions to this problem (e.g. “I get angry and go for a drive”)? In general, when you are feeling pressure in life, how does it come out? What do you do? How are you sleeping?

*Emotions:* What do you fear? What would give you peace, related to this situation? What is the emotion you are struggling with the most?

*Desires/Expectations:* How do you hope we can help you? What do you want the most related to this situation?

Is there anything else we should know?