



# FIRST COUNSELING

BIBLICAL COUNSELING OF FIRST BAPTIST CHURCH JACKSONVILLE

## **Personal Data Inventory for Minors**

Please complete this application carefully.

### **Personal Identification**

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

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

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

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Referred by: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer (if you work): \_\_\_\_\_ Position: \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_ How long have you been working: \_\_\_\_\_

### **Family**

Father: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ How long employed: \_\_\_\_\_

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

Mother: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ How long employed: \_\_\_\_\_

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

Have either of your parents been previously married: \_\_\_\_\_ Father \_\_\_\_\_ Mother

Have your parents ever separated: \_\_\_\_\_ Father \_\_\_\_\_ Mother

Have either of your parents ever filed for divorce: \_\_\_\_\_ Father \_\_\_\_\_ Mother

Describe your relationship to your father:

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Describe your relationship to your mother:

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

Did you live or have you lived with anyone other than parents:

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Are your parents living: \_\_\_\_\_ Father \_\_\_\_\_ Mother

### **Health**

Describe your health:

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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:

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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: \_\_\_\_

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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 at school: \_\_\_\_\_

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

\_\_\_\_\_ Yes \_\_\_\_\_ No

### **Spiritual**

Denominational preference: \_\_\_\_\_

Church attending: \_\_\_\_\_ Member: \_\_\_\_\_

Sunday School class/teacher (if FBC Jax 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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**Women Only**

### **Men Only**

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

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**Problem Check List**

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|---------------------------|-------------------------|---------------------|
| _____ Anger               | _____ Eating problems   | _____ Moodiness     |
| _____ Anxiety             | _____ Envy              | _____ Parents       |
| _____ Apathy              | _____ Fear              | _____ Perfectionism |
| _____ Appetite            | _____ Finances          | _____ Pornography   |
| _____ Bitterness          | _____ Gluttony          | _____ Rebellion     |
| _____ Change in lifestyle | _____ Guilty            | _____ Sex           |
| _____ Communication       | _____ Health            | _____ Siblings      |
| _____ Conflict (fights)   | _____ Homosexuality     | _____ Sleep         |
| _____ Deception           | _____ Loneliness        | _____ Tech Related  |
| _____ Decision Making     | _____ Loss of Loved One | _____ Other         |
| _____ Depression          | _____ Lust              | _____ Other         |
| _____ Drunkenness         | _____ Memory            | _____ 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 is 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?