SHADES MOUNTAIN COMMUNITY CHURCH

PERSONAL DATA INVENTORY

The information you provide is confidential
(Use another sheet if more room is needed for answering questions)

PERSONAL IDENTIFICATION

Name_____ Birth Date _____ Sex_____

Street Address_____ E-mail_____

City _____ State _____ Zip Code _____

Home Phone _____ Cell_____ Business Phone _____

Education: (last year completed) _____

Employer_____ Position _____ Years _____

HEALTH CONCERNS

Describe your health: ☐ Very Good ☐ Good ☐ Average ☐ Poor

Do you have any chronic conditions (if so, what?)_____

_____

List important illnesses and injuries or disabilities_____

_____

Date of last medical exam _____ Results of Exam _____

Physician's name & address _____

Have you ever used drugs for other than medical purposes? ☐ Yes ☐ No

If yes, please explain_____

Do you drink alcoholic beverages? ☐ Yes ☐ No

If so, how frequently and how much? _____

Do you smoke? ☐ Yes ☐ No How long? _____ Have you tried to stop? ☐ Yes ☐ No

Have you ever experienced a severe emotional upsetting episode? ☐ Yes ☐ No

If yes, explain _____

_____

Have you ever seen a psychiatrist or counselor? ☐ Yes ☐ No

If yes, who? _____

For what?_____

What medications are you presently taking?_____

_____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records? ☐ Yes ☐ No

PERSONAL DATA INVENTORY

MARRIAGE AND FAMILY RELATIONSHIPS

Marital Status: ☐ Single ☐ Steady Dating ☐ Engaged ☐ Married
☐ Separated ☐ Divorced ☐ Widowed

Spouse_____ Birth Date _____

Age _____ Occupation _____ How Long Employed _____

Cell Phone _____ Business Phone _____ E-Mail_____

Date of marriage_____ Length of dating_____

Give a brief statement of circumstances of meeting and dating _____

_____

_____

_____

Has either of you previously been married? ☐ Yes ☐ No Who? _____

Date married_____ Date marriage ended _____

Children:

Name	Age	Sex	Living (Y/N)	Years of Education	Stepchild

Relationships:

Describe relationship to your father _____

_____

_____

Describe relationship to your mother _____

_____

_____

Number of siblings _____ Your sibling order _____

Did you live with anyone other than parents? ☐ Yes ☐ No If so, who?_____

Are your parents living? ☐ Yes ☐ No Do they live locally? ☐ Yes ☐ No

PERSONAL DATA INVENTORY

What kind of home did you grow up in?

☐ Traditional - Father, Mother, Children

☐ Divorced With whom did you live? ☐ Mom ☐ Dad Other _____

☐ Step-family Which parents remarried? ☐ Mother ☐ Father

Did you live with stepbrothers or stepsisters? ☐ Yes ☐ No How many? _____

☐ Authoritarian - Father or Mother made the rules without discussion; would not allow other opinions.

☐ Substance Use ☐ Alcohol ☐ Cocaine ☐ Heroin ☐ Marijuana Other _____

☐ Religious ☐ In name only ☐ Strict ☐ Hypocritical ☐ Happy Experience

☐ Affectionate ☐ Demonstrated with hugs, kisses, etc. ☐ Present but not openly demonstrated

☐ Perfectionist - Everything had to be done just right to please ☐ Mom ☐ Dad ☐ Both

☐ Emotional - Expressed: ☐ Crying allowed but controlled ☐ Anger, screaming allowed

Repressed: ☐ Not shown ☐ Parents showed emotion, but not allowed in kids

☐ Critical Parent(s) - Remarked only about the negatives; little praise for good things.

☐ Abusive ☐ Physically ☐ Emotionally ☐ Sexually

☐ One or both parents absent ☐ Mom ☐ Dad

Other: _____

In case of emergency, notify:

Name: _____ Phone: _____

Address: _____

SPIRITUAL MATTERS

Denominational preference _____

Church attending _____ Member? ☐ Yes ☐ No

Do you believe in God? ☐ Yes ☐ No Do you pray? ☐ Yes ☐ No

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

Would you say you are a Christian? ☐ Yes ☐ No ☐ Uncertain

How often do you read the Bible? ☐ Never ☐ Occasionally ☐ Often ☐ Daily

Explain any recent changes in your religious life _____

_____

_____

_____

_____

_____

PERSONAL DATA INVENTORY

SELF ANALYSIS

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

☐ active	☐ extrovert	☐ Introvert	☐ nervous	☐ sensitive
☐ ambitious	☐ good-natured	☐ kind	☐ often blue	☐ serious
☐ calm	☐ hard-working	☐ leader	☐ persistent	☐ shy
☐ cranky	☐ imaginative	☐ likable	☐ quiet	☐ spiritual
☐ easy-going	☐ impatient	☐ lonely	☐ self-confident	☐ submissive
☐ excitable	☐ impulsive	☐ moody	☐ self-conscious	
☐ other				

Problem checklist

☐ Addiction(s)	☐ Deception	☐ Memory
☐ Anger	☐ Envy	☐ Moodiness
☐ Anxiety	☐ Fear	☐ Rebellion
☐ Apathy	☐ Finances	☐ Religious
☐ Appetite	☐ Forgiveness	☐ Sex
☐ Bitterness	☐ Guilt	☐ Sleep
☐ Change in lifestyle	☐ Health	☐ Spousal Abuse
☐ Children	☐ Homosexuality	☐ Vice(s)
☐ Depression	☐ In-laws	

Please describe what you believe to be the problem _____
_____
_____
_____
_____
_____

Besides coming for counseling, please describe what else you have tried to do in addressing this/these issues _____
_____
_____
_____
_____
_____

What are your expectations in coming here for counseling? _____
_____
_____