

SMCC Counseling Ministry

# *Personal Data Inventory*

(The information you provide is confidential)

(Use the other side 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?

If yes, please explain

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

Do you smoke? How long? Have you tried to stop?

Have you ever experienced a severe emotional upsetting episode? If yes, explain\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever seen a psychiatrist or counselor?

 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?

**Marriage & 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have either of you been previously married? Who

Date married Date marriage ended

**Information about Children:**

 Name Age Sex Living Yr Ed Stepchild

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Your 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 (if so, who?

Are your parents living? Do they live locally?

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? ; did you have to live with step-brothers or step-sisters? \_\_\_\_\_\_\_)

 Authoritarian (Father or Mother made all the rules without discussion. Would not allow other opinions.)

 Substance Affected ( \_\_\_\_\_Alcohol; \_\_\_\_\_ Cocaine; \_\_\_\_\_ Heroin; \_\_\_\_\_ Marijuana; Other )

 Religious (\_\_\_\_In name only; \_\_\_\_Strict; \_\_\_\_Hypocritical; \_\_\_\_Happy Experience)

 Affectionate (\_\_\_\_Demonstrated with hugs, kisses, etc.; \_\_\_\_Affection 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nearest relative/friend in case of emergency:

Name: Address: Phone:

**Spiritual Matters**

Denominational preference

Church attending Member?

Do you believe in God? Do you pray?

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

**SELF ANALYSIS**

Circle 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 Check List**

|  |  |  |
| --- | --- | --- |
| \_\_\_\_ 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 the problem is

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_