

# Personal Data Inventory

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Date: \_\_\_\_\_

## IDENTIFICATION DATA

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Business: \_\_\_\_\_

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

Education (number of years completed): High School \_\_\_\_\_ College \_\_\_\_\_ Post College \_\_\_\_\_

Major: \_\_\_\_\_ Other Training: \_\_\_\_\_

Referred here by: \_\_\_\_\_

## HEALTH INFORMATION

Rate your current physical health: Good: \_\_\_\_\_ Average: \_\_\_\_\_ Declining: \_\_\_\_\_ Poor: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Recent weight changes: Lost: \_\_\_\_\_ Gained: \_\_\_\_\_

List all important past or present illnesses, injuries or handicaps: \_\_\_\_\_

Date of last medical examination: \_\_\_\_\_ Results: \_\_\_\_\_

Physician's name: \_\_\_\_\_

Have you ever had a severe emotional upset? \_\_\_\_\_

Have you ever had a problem with alcohol or drug abuse (prescription or non-prescription)? \_\_\_\_\_

Have you ever been physically abused as a child or as an adult? \_\_\_\_\_

Have you ever been sexually molested, either as a child or as an adult? \_\_\_\_\_

Have you seen a psychologist, psychiatrist and/or counselor? \_\_\_\_\_

If yes, list counselors or therapists, and dates: \_\_\_\_\_

Are you willing to sign a release of information form so that our Biblical Soul Care Ministry may write for helpful social, psychiatric, or medical reports? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, for what reason? \_\_\_\_\_

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

Are you presently taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_ Prescribed? Yes \_\_\_\_\_ No \_\_\_\_\_ By whom? \_\_\_\_\_

Over the counter? \_\_\_\_\_ Medications and Dosage \_\_\_\_\_

**RELIGIOUS BACKGROUND**

Current church you attend (if any): \_\_\_\_\_

Church attendance per month: 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_ 6\_\_\_\_ 7\_\_\_\_ 8 or more\_\_\_\_

Which Small Group are you part of (if any): \_\_\_\_\_

Church attended in childhood: \_\_\_\_\_ Baptized? Yes\_\_\_\_ No\_\_\_\_

Religious background and current church attended by spouse, if married: \_\_\_\_\_

Are you saved? Yes\_\_\_\_ No\_\_\_\_ Not sure what you mean? \_\_\_\_\_

How often do you read the Bible? \_\_\_\_\_

Would you say that you are a Christian?: \_\_\_\_\_

**MARRIAGE INFORMATION**

**Note: If never married, check here: \_\_\_\_\_, and skip to the "Information About Children" section.**

Name of spouse: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State\_\_\_\_ Zip\_\_\_\_

Occupation: \_\_\_\_\_ City: Place of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Your spouse's age: \_\_\_\_\_ Education (years): \_\_\_\_\_ Is your spouse willing to come in for counseling? \_\_\_\_\_

Have you ever been separated? Yes\_\_\_\_ No\_\_\_\_ If yes, when? From \_\_\_\_\_ To \_\_\_\_\_

Has either of you ever filed for divorce? Yes\_\_\_\_ No\_\_\_\_ If yes, when? \_\_\_\_\_

Date of this marriage: \_\_\_\_\_ Your ages when married: Husband \_\_\_\_\_ Wife: \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_ Length of steady dating with spouse: \_\_\_\_\_

Is this your first marriage? \_\_\_\_\_ Give brief information about any previous marriages: \_\_\_\_\_

**INFORMATION ABOUT CHILDREN**

*PR	Name	Age	Sex	Is child still living in your home? (Y/N)

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\* Check this column if child is by previous relationship

## Basic Information Sheet

Name: \_\_\_\_\_

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BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What is the main problem, as you see it? What brings you here?

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2. What have you done about it?

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3. What can we do? What are your expectations in coming here?

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4. As you see yourself, what kind of person are you? Describe yourself.

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5. Is there any other information we should know?

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## **SPIRITUAL CONVICTIONS QUESTIONNAIRE**

Finish the following sentences with two or three answers each:

1. God is:

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2. Jesus Christ is: (describe who you think He is, what He has done, what He is doing now, what place He has in your life, what He means to you, etc.)

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3. My relationship to God and his Son Jesus Christ is: (describe the kind of relationship you have with God and how important that relationship is—be specific)

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4. A Christian is:

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5. I know that I am (or am not) a Christian because:

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6. The Bible is: (describe what you think it is, what it means to you, what place it has in your life, how you use it, etc.)

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7. Sin is:

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8. My chief sins are:

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9. When I sin, I: (describe how you handle sin, what you feel when you sin, what you do after you sin)

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10. I feel guilty when:

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11. I pray: (when, how, why, what for, etc.)

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12. My chief goals in life are:

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13. I want (or do not want) to attend and be involved in church: (answer the questions "how" and "why")

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14. I believe fellowship with other Christians is: (define what it is, what it involves, how important it is, and how it can be developed)

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15. I am promoting my spiritual growth and the spiritual growth of my spouse by:

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16. My spouse and I differ in spiritual matters: (when, how, over what, etc.)

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