

Personal Data Inventory

Date: _____

INFORMATION

Name: _____

Contact Info: (List all that apply - check preferred method of contact)

Home Phone _____ Cell _____ (Text Y/N)

Email _____ Social Media: _____

Address: _____

City, State, Zip: _____

Occupation: _____ Business Phone: _____

Birth Date: _____ Age: _____ Sex: _____

Education (Last year completed): Grade: _____

Other training (List the type and years completed): _____

How did you hear about Cornerstone Bible Church? _____

HEALTH INFORMATION:

Rate your health by checking the box:

Very Good Good Average Declining Other

Weight Changes Recently: Lost _____ Gained _____

List all important present or past illnesses or injuries or disabilities:

Date of last medical examination: _____ Report: _____

Do you take any medication: Yes _____ No _____ Please list them: _____

Do you use Alcohol or other drugs? _____ Have you ever been arrested? _____

Have you used drugs for other than medical purposes? _____

Have you had a severe emotional upset? (Explain) _____

Have you recently suffered the loss of someone close to you?

Yes _____ No _____ Explain _____

Have you recently suffered loss from serious social, business, or other reversals?

Yes _____ No _____ Explain _____

MARRIAGE AND FAMILY INFORMATION:

Marital Status: Single ___ Dating ___ Engaged ___ Married ___ Separated ___ Divorced ___ Widowed ___

Name of Spouse _____

Address _____

Occupation _____

Phone (Home) _____ (Work) _____

Your Spouse's age: _____ Education (in years) _____

Spouse willing to come to counseling: Yes _____ No _____ Uncertain _____

Have you ever been separated? Yes _____ No _____ When? _____

From _____ to _____

Have either of you ever filed for divorce? Yes _____ No _____

When _____

Date of marriage _____

Your ages when married: Husband _____ Wife _____

How long did you know your spouse before marriage? _____

Length of steady dating with spouse: _____

Length of engagement _____

Give brief information about any previous marriages: _____

INFORMATION ABOUT CHILDREN

Name: Age: Living: Y/N Education: Marital Status: Saved:

(Put a check by the name if child is from previous marriage)

Briefly describe how you grew up: _____

If you were raised by anyone other than your parents, briefly explain:

How many older: Brothers _____ Sisters _____ do you have?
 How many younger: Brothers _____ Sisters _____ do you have?

If there is any other family information that you feel would be helpful to know, please explain:

RELIGIOUS BACKGROUND:

Church Currently Attending: _____

Member of _____ (Church)

How often do you attend per month?: (Circle) 0 1 2 3 4 5 6 7 8 9 10+

Which Small Groups do you participate in? _____

What church did you attend as a child? _____

Religious background of spouse (if married) _____

Do you consider yourself a religious person? Yes _____ No _____ Uncertain _____

Do you believe in God? Yes _____ No _____ Uncertain _____

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

Have you ever “dabbled” with the “Occult?” Yes _____ No _____ Uncertain _____

Do you pray to God? Yes _____ Never _____ Occasionally _____ Often _____

Would you say are a Christian? Yes _____ No _____;

Or would you say you are still in the process of becoming a Christian? Yes _____ No _____

How often do you read the Bible? Never _____ Occasionally _____ Often _____

Do you have regular devotions? Yes _____ No _____ Not sure what you mean _____

Give a brief description of your life before Salvation _____

How did you become a Christian? _____

Give a brief description of your life since you've come to Christ: _____

In what ways do you cultivate your walk with God? _____

Explain any recent changes in your religious life, if any _____

PERSONALITY INFORMATION

Have you ever had any psychotherapy or counseling before? Yes _____ No _____

If yes, list counselor or therapists and dates:

What was the outcome?

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

What, if anything, do you fear? _____

Is there any other information that would help us to help you? Have you recently suffered a loss from serious social, business, or other reversals, etc.? Yes _____ No _____ Explain:

FAMILY AND CHILDHOOD INFORMATION

What kind of home did you grow up in?

How would you characterize your father?

How would you characterize your mother?

Where did you grow up?

What was your happiest memory as a child?

What was your unhappiest memory as a child?

Did you experience a major trauma when you were a child? Detail:

TELEVISION AND ENTERTAINMENT

How much television/DVD/videos do you watch each day? _____ hrs.

How much music? _____

How much time do you spend on the internet? _____

PERSONAL BEHAVIOR

Do you drink coffee or other caffeinated drinks? Yes _____ No _____

How much per day? _____

Do you smoke? Yes _____ No _____ How much? _____

Do you explode when you get angry? Yes _____ No _____

Do you withdraw when you get angry or hurt? Yes _____ No _____

Do you frequently argue with others? Yes _____ No _____

Is your spouse / significant other willing to come in for counseling? Yes _____ No _____

What do they think about you coming in for counseling?

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

1) What is the problem as you see it? When did it start? Please specify a date if possible:

2) What have you done about it?

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

PROBLEM CHECKLIST (Check all that apply)

- Anger
 - Envy
 - Appetite
 - Anxiety
 - Fear
 - Memory
 - Apathy
 - Gluttony
 - Moodiness
 - Bitterness
 - Guilt
 - Rebellion
 - Change in Lifestyle
 - Health
 - Sex
 - Children
 - Homosexuality
 - Sleep
 - Depression
 - Impotence
 - Wife Abuse
 - Deception
 - In-Laws
 - Other:
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