



PERSONAL DATA INVENTORY FOR MINORS

Name _____

Contact Info: (list all that apply)

Home phone _____

Cell _____ (text Y/N)

Parent Phone(s) _____ / _____

Email _____

Parent Email _____

Social Media Accounts (circle): Facebook | Instagram | Twitter | other: _____

Address _____

City, State, Zip _____

School _____ Grade _____

Birth Date _____ Age _____ Sex _____

Referred to CBC by: _____

HEALTH INFORMATION

How healthy are you?

Very Good _____ Good _____ Somewhat _____ Not Very Good _____ Other _____

Any Change in Your Weight? Lost _____ Gained _____

List all important illnesses, injuries or handicaps you have now or had in the past: _____

Date of your last medical visit: _____

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

Do you use Alcohol or other drugs? (Please list all that you have tried at any time)

Have you used drugs other than for medical purposes? _____

Have you ever been arrested? _____

CHURCH BACKGROUND

How long have you attended Cornerstone Bible Church?

Church attendance per month (circle): 1 2 3 4 5 6 7 8+ Baptized? Yes ___ No ___

Are there any other churches you have attended? _____

Which program(s) do you attend Sunday mornings and throughout the week?

Do you attend a regular Home Fellowship Group? (Please list leader)

Do you believe in God? Yes ___ No ___ Uncertain

Are you saved? Yes ___ No ___ Not sure what you mean

Do you pray to God? Often ___ Occasionally ___ Rarely ___ Never ___

Do you read your Bible? Often ___ Occasionally ___ Rarely ___ Never ___

Has anything changed recently about your faith?

PERSONALITY INFORMATION

What do you think counseling is all about?

Have you ever had any counseling before? Yes ____ No ____

If yes, list counselor or therapist and dates:

What was the outcome?

What kind of involvement do you think a counselor should have in your life?

What are your goals, or plans for the future?

PRESENTING PROBLEM - PLEASE CIRCLE ALL THAT APPLY.

Sexual abuse - Physical abuse - Neglect - Delinquent behavior - Nightmares - Suicidal thoughts - Sexually acting out - Sleeping problems - Anxiety - Shyness - Academic problems - Change in appetite
Concentration - Bed wetting - Stealing - Clinging behavior - Impulsivity - Temper outbursts - Withdrawn
Lying - Peer conflict - Drug use - Alcohol use - Stubborn - Running away - Missing school - Health issues
Strange thoughts - Legal trouble - Harming self - Head banging - Overactive - Skipping school - Sexual problems - Fearful

Do you have difficulties reading or writing? Yes ____ No ____

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

Yes ____ No ____ Explain _____

FAMILY INFORMATION

Briefly explain what your family life looks like:

If you were raised by anyone other than your own parents, please let us know who:

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

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

Would you say you live in a happy home? Yes _____ No _____

Do you feel safe in your environment? Yes _____ No _____

If there anything else that you think would be helpful for us to know?

FRIEND/SCHOOL INFORMATION

Which clubs/sports/groups do you participate in throughout the week, in school or outside of school?

Have you ever experienced any form of bullying in any of these environments? Yes _____ No _____

Do you enjoy attending your school? Yes _____ No _____

Would you say you have a good relationship with your teachers? Yes _____ No _____

Describe some of the friends you spend time with:

What kind of influence do they have on your life?

ANSWER THE FOLLOWING QUESTIONS:

*Please note: the more information you can give us, the better we can assist you.

1. Describe why you want to come in to counseling?

2. What have you done to deal with the problem(s)?

3. What can we do? (What are your expectations in coming here?) How can we help you?

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

5. What, if anything, do you fear?

I, the undersigned, give permission for counseling to proceed:

Signature _____ Date: _____

Parent's signature (If counselee is under 18 years of age) _____