

**The Biblical Counseling Ministry  
Personal Data Inventory**

Please complete this inventory carefully

**Personal Identification**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Referred By: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Marital Status:      Single      Engaged      Married      Separated      Divorced      Widowed

Education (last year completed): \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Years: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Weekly Work/School Hours: \_\_\_\_\_

**Marriage and Family**

Spouse: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ How Long Employed: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Length of Dating: \_\_\_\_\_

Give a brief statement of circumstances of meeting and dating: \_\_\_\_\_

Have either of you been previously married: \_\_\_\_\_ To Whom: \_\_\_\_\_

Have you ever been separated: \_\_\_\_\_ Filed for divorce: \_\_\_\_\_

**Information about Children:**

First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Living: \_\_\_\_\_ Year Ed.: \_\_\_\_\_ Step-Child: \_\_\_\_\_

Second Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Living: \_\_\_\_\_ Year Ed.: \_\_\_\_\_ Step-Child: \_\_\_\_\_

Third Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Living: \_\_\_\_\_ Year Ed.: \_\_\_\_\_ Step-Child: \_\_\_\_\_

Fourth Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Living: \_\_\_\_\_ Year Ed.: \_\_\_\_\_ Step-Child: \_\_\_\_\_

Fifth Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Living: \_\_\_\_\_ Year Ed.: \_\_\_\_\_ Step-Child: \_\_\_\_\_

Sixth Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Living: \_\_\_\_\_ Year Ed.: \_\_\_\_\_ Step-Child: \_\_\_\_\_

Parents still married: \_\_\_\_\_ Parents living: \_\_\_\_\_ Parents live locally: \_\_\_\_\_

Parent's religious convictions, were/are they believers: \_\_\_\_\_

Describe relationship to your father: \_\_\_\_\_

Describe relationship to your mother: \_\_\_\_\_

Number of sibling(s): \_\_\_\_\_ Your sibling order: \_\_\_\_\_

Do you or did you live with anyone other than parents: \_\_\_\_\_

## **Health**

Describe your overall health: \_\_\_\_\_

Do you have any chronic conditions, important illnesses, injuries and/or handicaps: \_\_\_\_\_

Date of last medical exam: \_\_\_\_\_ Report: \_\_\_\_\_

Do you have a family doctor or physician you see regularly: \_\_\_\_\_

Current medication(s) and dosage: \_\_\_\_\_

Have you ever-used drugs for anything other than medical purposes: \_\_\_\_\_ If yes, please explain:

Have you ever been arrested: \_\_\_\_\_ Do you drink alcoholic beverages: \_\_\_\_\_

If so, how often & how much: \_\_\_\_\_ Do you drink coffee: \_\_\_\_\_ How much: \_\_\_\_\_

Other caffeine drinks: \_\_\_\_\_ How much: \_\_\_\_\_

Use tobacco: \_\_\_\_\_ What: \_\_\_\_\_ Frequency: \_\_\_\_\_

Describe your normal sleeping schedule: \_\_\_\_\_

Have you ever had interpersonal problems on the job? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

Have you ever had a severe emotional upset: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever seen a psychiatrist or counselor: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records: \_\_\_\_\_

### **Spiritual**

Denominational preference: \_\_\_\_\_ Church attending: \_\_\_\_\_

Member: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_ Pastor's Phone Number: \_\_\_\_\_

Church attendance per month: \_\_\_\_\_ Do you believe in God: \_\_\_\_\_ Do you pray: \_\_\_\_\_

Would you say that you are a Christian: \_\_\_\_\_, OR still in the process of becoming a Christian: \_\_\_\_\_

\_\_\_\_\_ Have you ever been baptized: \_\_\_\_\_

How often do you read the Bible: \_\_\_\_\_ Are you involved in ministry: \_\_\_\_\_

Have you ever been disciplined? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Explain any recent changes in your religious life: \_\_\_\_\_

\_\_\_\_\_

What are the three biggest positive influences on your spiritual life: \_\_\_\_\_

\_\_\_\_\_

What are the three biggest negative influences on your spiritual life: \_\_\_\_\_

\_\_\_\_\_

Have you shared the problems for which you are seeking counseling with your pastor and/or other mature members of your church? If yes, please write down their names. If no, please describe any concerns you have about doing so: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Women Only**

Have you had any menstrual difficulties: \_\_\_\_\_ If you experience tension, tendency to cry, other symptoms prior to your cycle, please explain: \_\_\_\_\_

Is your husband willing to come for counseling: \_\_\_\_\_ Is he in favor of your coming: \_\_\_\_\_

If no, please explain: \_\_\_\_\_

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**Problem Severity: Please rate how these items impact your life**

(blank) = no significant impact; 1= mild impact; 2 = moderate impact; 3 = severe impact

- |                          |                           |                        |
|--------------------------|---------------------------|------------------------|
| _____Anger               | _____Discouraged/Downcast | _____Memory            |
| _____Anxiety             | _____Drunkenness          | _____Moodiness         |
| _____Apathy              | _____Envy                 | _____Overwhelmed       |
| _____Appetite            | _____Fear                 | _____Perfectionism     |
| _____Bitterness          | _____Finances             | _____Pornography       |
| _____Change in lifestyle | _____Gluttony             | _____Procrastination   |
| _____Children            | _____Guilt                | _____Rebellion         |
| _____Communication       | _____Health               | _____Sexual Immorality |
| _____Conflict (fights)   | _____Homosexuality        | _____Sex (in marriage) |
| _____Control             | _____Impotence            | _____Sleep             |
| _____Deception           | _____In-laws              | _____SpouseAbuse       |
| _____Decision Making     | _____Laziness             | _____Time Usage        |
| _____Depression          | _____Loneliness           | _____Weary             |
| _____Disciplined Living  | _____Lust                 | _____Other             |
| _____Disorganization     | _____Marriage             |                        |

**Briefly Answer the Following Questions**

1. Why have you sought counseling? What difficulties are you facing?
2. What have you done about the difficulties?
3. What are your expectations from counseling?
4. Is there any other information that we should know?