



Personal Data Inventory – New Counselee Intake Form

Please answer all questions to the best of your ability.

- 1. Name _____ 2. Phone _____ Cell _____
- 3. Email address: _____
- 4. Address _____
- City _____ State _____ Zip _____
- 5. Occupation: _____ 6. Employer: _____
- 7. Birth Date: _____ 8. Sex: Male Female 9. Age: _____
- 10. Marital Status: Single Engaged Married Separated Divorced Remarried Widow/er
- 11. Education: Elementary High School GED College Graduate Degree: _____
- 12. Other Training (List type and years): _____
- 13. Hobbies: _____
- 14. Referred to us by: _____ Relationship: _____
- 15. If you were raised by anyone other than your own parents, briefly explain: _____
- _____
- 16. How many siblings do you have? Older brothers: ___ Sisters: ___ Younger brothers: ___ Sisters: ___

Marriage Information:

- 17. Name of Spouse: _____ Address: _____
- Age: _____ Email: _____
- Occupation: _____ Phone: _____
- Business Phone: _____ Religion: _____ Education: _____
- 18. Does your spouse know you are coming for counseling? Yes No
- 19. Is your spouse willing to come to counseling? Yes No Uncertain
- 20. Have you ever been separated? Yes No When? From: _____ Till: _____
- 21. Your ages when married: Husband: _____ Wife: _____ Wedding Date: _____
- 22. How long did you know your spouse before marriage? _____
- 23. Length of steady dating with spouse: _____ Length of engagement: _____

24. Give brief information about any previous marriages: _____

Children Information:

25. List the information about your children below :

*(PM)	NAME	BIRTHDATE	SEX	LIVING ? yes/no	EDUCATION	MARITAL STATUS
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*Check this column if child is by previous marriage

History Information:

26. Have you dealt with severe emotional struggles in your past? Yes No

27. Have you ever had any therapy or counseling before? Yes No

If yes, list counselor or therapist and dates:

What was the result of your counseling?

28. Check off any of the following words which best describe you now:

- | | | | | |
|---|-----------------------------------|---------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> self confident | <input type="checkbox"/> anxious | <input type="checkbox"/> moody | <input type="checkbox"/> often sad | <input type="checkbox"/> impulsive |
| <input type="checkbox"/> excitable | <input type="checkbox"/> calm | <input type="checkbox"/> shy | <input type="checkbox"/> fearful | <input type="checkbox"/> introvert |
| <input type="checkbox"/> extrovert | <input type="checkbox"/> likeable | <input type="checkbox"/> lonely | <input type="checkbox"/> bitter | <input type="checkbox"/> angry |

29. List fears you have:

30. Have you ever been arrested? Yes No Reason: _____

Health Information

31. Rate your health: Very Good Good Average Declining Other _____

32. Approximately how much sleep do you get each night? _____

33. When do you go to sleep at night? _____ When do you get up? _____

34. Your approximate: Weight _____ Height _____

35. Weight changes recent Lost _____ Gained _____

36. Do you have any chronic medical conditions? – List and Describe below:

37. When is the last time that you have been seen by a doctor for a physical? _____

38. Are you presently taking prescription medications? Yes No

Please list: _____

39. How much alcohol do you consume? Daily Weekly Occasionally Very little or never

40. In the past five years, have you used illegal or excessive prescription drugs? Yes No Not sure

Religious Background

41. Church attended in childhood (if any): _____ City: _____

42. What church do you now attend (if any)? _____ City: _____

43. What is the number of church activities you attend per month? (circle)

0 1 2 3 4 5 6 7 8 9 10 10+

44. Do you believe in God? Yes No Uncertain

45. Do you pray to God? Yes No Occasionally

46. Are you a Christian? Yes No Uncertain

47. Have you come to the place in your spiritual life where you can say that you know for certain that if you were to die today you would go to heaven? Yes No Not Sure

48. How often do you read the Bible? Often Occasionally Never

49. Does your family regularly read the Bible and pray together? Often Occasionally Never

50. Religious background of spouse: _____

51. If you died today and God asked you “Why should I let you into my heaven?” What would you say? _____

52. Explain any recent changes in your religious/spiritual life, if any:

Briefly answer the following questions that help us understand your situation better

1. How do you describe the issues with which you are struggling?

2. What have you tried to do about it?

3. How do you hope counseling might help? (What are your expectations in coming here?)

4. What brings you here at this time? (Did any recent event cause you to schedule the appointment now?)

5. Is there any other information you think we should know to help you?
