

Portage Avenue Baptist Church

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Personal Data Inventory

(Please fill out this form and the Immediate Situation Form and return them to the church, either via email or in person. Then, contact us to set up an initial appointment. We assure you that we make your privacy a top priority with such forms and it will not be exposed to others who are not involved in your personal counseling process. If you have any further questions, please contact us.)

Identification Data:

Name _____ Date: _____
Address _____ City _____ Home #: () _____
Occupation _____ State _____ Zip _____
Sex _____ Birth Date _____ Age _____ Height _____ Business#: () _____

Marital Status: (Check What Applies)

Single ___ In a Relationship ___ Married ___ Separated ___ Divorced ___ Widowed ___ Other ___

Education (last year completed): _____ Other training/schooling (list type and years)

Found us through or referred by _____ Address _____
City _____ State _____ Zip _____ Phone () _____

Health Information:

Rate your health (check what applies): Very Good ___ Good ___ Average ___ Declining ___ Other ___

Your approximate weight: _____ lbs. Weight changes recently: Lost _____ Gained _____

List all important present or past illnesses, injuries or handicaps: _____

Date of last medical examination _____ Report: _____

Your Physician _____ Address _____

City _____ State _____ Zip _____ Phone() _____

Are you presently taking any medication? Yes ___ No ___ If yes, what? _____

Have you used drugs for other than medical purposes? Yes ___ No ___ If yes, what? _____

Have you ever had a severe emotional upset? Yes ___ No ___ If yes, explain: _____

Have you ever been arrested? Yes ___ No ___

Are you willing to sign a release form so that your counselor may write for social, psychiatric or medical reports? Yes ___ No ___

Religious Background:

Denominational preference: _____ Member of a church? Yes ___ No ___ If yes, what church? _____

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Attend church as a child? Yes ___ No ___ If yes, where? _____ Baptized? Yes ___ No ___

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 pray to God? Never ___ Occasionally ___ Often ___

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

How much do you read the Bible? Never ___ Occasionally ___ Often ___

Do you have regular family devotions? Yes ___ No ___

Explain 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 therapist and dates: _____

What was the outcome? _____

Circle any of the following words which best describe you now:

Active ambitious self-confident persistent nervous hardworking impatient impulsive moody
often-blue imaginative calm serious easy-going shy good-natured introvert extrovert likable leader
Hard-boiled submissive self-conscious lonely sensitive other _____

Have you ever felt people were watching you? Yes ___ No ___

Do people's faces ever seemed distorted? Yes ___ No ___

Do you ever have difficulty distinguishing faces? Yes ___ No ___

Do colors ever seem to bright? Yes ___ No ___ Too dull? Yes ___ No ___

Are you sometimes unable to judge distances? Yes ___ No ___

Have you ever had hallucinations? Yes ___ No ___

Are you afraid of being in a car? Yes ___ No ___

Is your hearing exceptionally good? Yes ___ No ___

Do you have problems sleeping? Yes ___ No ___

Marriage and Family Information:

Name of spouse _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Occupation _____ Business Phone (____) _____

Your spouse's age _____ Education (in years) _____ Religion _____

Is your spouse willing to come for counseling? Yes _____ No _____ Uncertain _____

Have you ever been separated? Yes ___ No ___ If yes, 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	Sex	Living? Yes/no	Education (in years)	Marital Status

*check on left-hand side of column next to children that are by a previous marriage/relationship

If you were reared by anyone other than your own parents, briefly explain: _____

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

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

(Please turn this form in with the Immediate Situation Form)