



PERSONAL DATA INVENTORY

Please complete this inventory carefully

(Question marks have been eliminated) Date _____

PERSONAL IDENTIFICATION

- (1) Name _____ Birth Date _____
- (2) Address _____
- (3) Age _____ Sex _____ Referred by _____
- (4) Marital Status: Single _____ Engaged _____ Married _____ Separated _____
 Divorced _____ Widowed _____
- (5) Education: (last yr. completed) _____
- (6) Home Phone _____ Business Phone _____
- (7) Employer _____ Position _____ Yrs. _____

MARRIAGE AND FAMILY

- (8) Spouse _____ Birth Date _____
- (9) Age _____ Occupation _____ How Long Employed _____
- (10) Home Phone _____ Business Phone _____
- (11) Date of marriage _____ Length of dating _____
- (12) Give a brief statement of circumstances of meeting and dating.

(13) Have either of you been previously married _____ Who _____

(14) Information about children:

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Living</u>	<u>Yr. Ed.</u>	<u>Step-child</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(15) Describe relationship to your father



(16) Describe relationship to your mother _____

(17) Number of siblings _____ Your sibling order _____

(18) Did you live with anyone other than parents _____

(19) Are your parents living _____ Do you live locally _____

HEALTH

(20) Describe your health _____

(21) Do you have any chronic conditions _____ What _____

(22) List important illnesses and injuries or handicaps _____

(23) Date last medical exam _____ Report _____

(24) Physician's name and address _____

(25) Current Medication(s) and dosage. Please include all medicines; prescription and over-the-counter (e.g., laxatives, birth control, aspirin, cold or allergy sprays, diet pills, etc.)

(26) Have you ever used drugs for other than medical purposes _____

(27) If yes, please explain _____



(28) Do you drink alcoholic beverages_____ If so, how frequently and how much

(29) Do you drink coffee_____ How much _____

(30) Other caffeine drinks_____ How much _____

(31) Do you smoke_____ What _____ Frequency _____

(32) Have you ever had interpersonal problems on the job _____ If yes, explain

(33) Have you ever had a severe emotional upset _____ If yes, explain

(34) Have you ever seen a psychiatrist or counselor _____ If yes, explain

(35) Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records _____ .

SPIRITUAL

(36) Denominational preference _____

(37) Church attending _____ Member? _____

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



(39) Do you believe in God _____ Do you pray _____

Suppose that you were to die today and stand before God and He were to say to you,
 "Why should I let you into my heaven?" what would you say?

(40) How often do you read the Bible: Never Occasionally Often Daily

Explain any recent changes in your religious life _____

WOMEN ONLY (41-43)

(41) Have you had any menstrual difficulties? _____ Do you experience tension, tendency to cry, or other symptoms prior to your cycle? _____ please explain _____

(42) Is your husband willing to come for counseling? _____

(43) Is he in favor of your coming? _____ If no, explain _____

(44) CIRCLE any of the following words which best describe you now:

- | | | | | | |
|-----------|-----------|----------------|--------------|-------------|-------------|
| active | ambitious | self-confident | persistent | nervous | hardworking |
| impatient | moody | kindly | often-blue | excitable | imaginative |
| calm | serious | easy-going | good-natured | shy | introvert |
| extrovert | likeable | leader | quiet | hard-boiled | submissive |
| spiritual | lonely | self-conscious | sensitive | other: | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |



- | | |
|---|----------------|
| (45) Have you ever felt people were watching you? | Yes ___ No ___ |
| Do people's faces ever seem distorted? | Yes ___ No ___ |
| Do you ever have difficulty distinguishing faces? | Yes ___ No ___ |
| Do colors ever seem too bright? | Yes ___ No ___ |
| Are you sometimes unable to judge distance? | 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 ___ |

PROBLEM CHECK CHART

- | | | |
|-------------------------|---------------------------|------------------------------------|
| (46) ___ Anger | (63) ___ Apathy | (80) ___ Change in lifestyle |
| (47) ___ Anxiety | (64) ___ Bitterness | (81) ___ Children |
| (48) ___ Depression | (65) ___ Sex | (82) ___ Boredom |
| (49) ___ Deception | (66) ___ Sleep | (83) ___ Pride |
| (50) ___ Envy, Jealousy | (67) ___ Wife Abuse | (84) ___ Money |
| (51) ___ Fear | (68) ___ A Vice | (85) ___ Relationships |
| (52) ___ Gluttony | (69) ___ Inferiority | (86) ___ Impatience |
| (53) ___ Guilt | (70) ___ Parent-Child | (87) ___ Irritableness |
| (54) ___ Health | (71) ___ Decision Making | (88) ___ Bizarre thinking/behavior |
| (55) ___ Homosexuality | (72) ___ Suffering (Pain) | (89) ___ Discerning a proper mate |
| (56) ___ Impotence | (73) ___ Laziness | (90) ___ Divorce/Remarriage |
| (57) ___ In-laws | (74) ___ Drunkenness | (91) ___ Suicidal Tendencies |
| (58) ___ Appetite | (75) ___ Loneliness | (92) ___ Doubt/Confusion |
| (59) ___ Memory | (76) ___ Unfair Treatment | (93) ___ Insomnia/Sleep Loss |
| (60) ___ Moodiness | (77) ___ Self-Pity | (94) ___ Handicaps (M.S. etc.) |
| (61) ___ Rebellion | (78) ___ Grief | (95) ___ Terminal Illness |
| (62) ___ Marital | (79) ___ A hidden past | |

BRIEFLY ANSWER THE FOLLOWING QUESTIONS: (use reverse side, if necessary)

(95) 1. What is your problem (what brings you here)? _____

(96) 2. What have you done about this problem? _____



(97) 3. What are your expectations from counseling? _____

(98) 4. Is there any other information we should know? _____

(99) What is it you really want, desire or hope for? _____

(100) What are your goals, and expectations? _____

(101) What brings out the worst in you? _____



(102) What bothers you? _____

(103) What do you worry about most? _____

(104) What makes you angry? _____

(105) What would sum up your life as being worth while? _____

(106) What do you think about most often? _____

(107) How did you hear about Gateway? _____
