412COUNSELING

PERSONAL DATA INFORMATION FORM

IDENTIFICATION DATA

Name_____

Email _____

Phone _____

Address_____City_____Zip_____

Occupation_____

Phone (Cell)_____(Work)_____

Sex: (M)___(F)__Birthdate_____Age_____

Referred here by_____

HEALTH INFORMATION

Rate your health (check): Very Good ____Good____Average_____Declining_____Other_____

Height_____Your approximate weight_____lbs.

Weight changes recently (+/—)_____

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

Date of last medical examination_____Report:_____

Your physician _____

Address _____

Are you presently taking medication: Yes__No__What?_____

Have you used drugs for other than medical purposes? Yes__No_
What? _____

Have you ever been arrested? Yes_____ No _____

Are you willing to sign a release or information form so that your counselor may write for social, psychiatric, or medical reports? Yes _No_

Have you recently suffered the loss of someone who was close to you?
Yes__No__When?_____

Explain:
_____
_____

412COUNSELING

PERSONAL DATA INFORMATION FORM

EDUCATION

Education (last grade you completed) _____

Other training (list type and years)

_____

(Include any degrees)

_____

MARRIAGE AND FAMILY INFORMATION

Marital Status: Single__Dating __Engaged __Married __Separated__Divorced__Widowed ____

Name of Spouse_____

Address_____

Occupation _____

Phone(H) _____(W) _____

Your spouse's age_____ Education (in years) _____

Spouse willing to come for counseling? Yes __No__Uncertain ____

Have you ever been separated? Yes__No__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:
PM* Name Age Sex Living? Years/ Education Marital Status

_____
_____
_____
_____
_____
_____
_____

*(Check column if child is by previous marriage)

412COUNSELING

PERSONAL DATA INFORMATION FORM

RELIGIOUS BACKGROUND

Church Currently Attending: _____

Member of_____(church)

How often do you attend per month? (circle) 0 1 2 3 4 5 6 7 8 9 10+

Which Small Group do you participate in? _____

What church did you attend as a child? _____

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 believe Satan exists? Yes __No __Uncertain_

Have you ever "dabbled" with the "Occult"? Yes __No __Uncertain_
(Séances, devil worship, witchcraft, etc.)

Do you pray to God? Yes__No__Never__Occasionally__Often_

Would you say you are a Christian? Yes__No____;
or would you say you are still in the process of becoming Christian? Yes__No____

How often do you read the Bible? Never__Occasionally__Often_

Do you have regular devotions? Yes __No__Not sure what you mean____

Explain recent changes in your religious life, if any. _____

412COUNSELING

PERSONAL DATA INFORMATION FORM

ANSWER THE FOLLOWING QUESTIONS:

(Initial Assessment)

1. What is the problem as you see it?

2. In what way(s) have you contributed to the problem?

3. What have you tried to do already to resolve the problem?

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

5. What, if anything, do you fear?

6. What can we do? (What are your expectations in coming here?)

7. Is there any other information that we should know?

412COUNSELING

PERSONAL DATA INFORMATION FORM

SPIRITUAL CONVICTIONS QUESTIONNAIRE

Finish the following sentences with two or three answers each.

1. God

2. Jesus Christ is (describe who you think He is, what He has done, what He is doing now, what place He has in your life, what He means to you, etc.)

3. My relationship to God and his Son Jesus Christ is (describe the kind of relationship you have with God and how important that relationship is—be specific)

4. A Christian is

5. I know that I am (or am not) a Christian because

6. The Bible is (describe what you think it is, what it means to you, what place it has in your life, how you use it, etc.)

7. Sin is

8. My chief sins are

9. When I sin, I (describe how you handle sin, what you feel when you sin, what you do after you sin)

10. I feel guilty when

11. I pray (when, how, why, what for, etc.)

12. My chief goals in life are

13. I want (or do not want) to attend and be involved in church (answer the questions "how" and "why")

14. I believe fellowship with other Christians is (define what it is, what it involves, how important it is, and how it can be developed)

412COUNSELING

PERSONAL DATA INFORMATION FORM

15. I am promoting my spiritual growth and the spiritual growth of my spouse by

16. My spouse and I differ in spiritual matters (when, how, over what, etc.)

17. The changes I would like to make in my own spiritual life are

18. The changes I would like my spouse to make spiritually are

Review your answers. Are there any that you would like to change? Which ones? Why? Are there any to which you do not know the answer? Which ones? Compare and discuss your answers with your spouse. Write down your impressions of this study. What have you learned about yourself and what have you learned about your spouse? What changes do you need to make in light of this study?

412COUNSELING

PERSONAL DATA INFORMATION FORM

DATA GATHERING – SENTENCE COMPLETION

Finish the following sentences with two or three answers each.

1. I am ____
2. I like ___
3. I am happy ___
4. I am unhappy ___
5. God is _____
6. A happy home____
7. I want ____
8. I dislike ____
9. I have ____
10. When someone criticizes me ____

11. When I don't get my own way ____

12. I resent ____

13. I would like to change ___

14. I belong ____

15. I become angry ____

16. My greatest failures are ____

17. I can ____

18. I can't ____

412COUNSELING

PERSONAL DATA INFORMATION FORM

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