

PERSONAL DATA INFORMATION FORM

This form must be completed in full before the counselor is assigned.

All information is confidential.

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:

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(C) _____ (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)

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. _____
