Moriah Church Biblical Counseling

Personal Data Inventory

Please fill out this inventory carefully

**Personal Identification**

Name: Birthdate:

Address: Zip Code:

Marital Status: Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married: \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Education (last year completed):

Home phone: Work Phone: Email:

Employer: Position:

Years:

**Marriage and Family**

Spouse: Birthdate:

Occupation: How Long Employed:

Date of Marriage: Length of Dating:

Give a brief statement of circumstances of meeting and dating:

Have either of you been previously married: Yes No

Have you ever been separated: Filed for divorce:

Information about Children:

Name: Age: Sex: Living: Stepchild:

Describe relationship to father:

Describe relationship to mother:

**Health**

Describe your health:

Do you have any chronic conditions: \_\_\_\_\_\_\_\_\_\_ What:

Date of last exam: \_\_\_\_\_\_\_\_\_\_ Report:

Current medication(s) and dosage:

Have you ever used drugs for anything other than medical purposes:

If yes, please explain:

Have you ever been arrested: \_\_\_\_\_\_\_\_\_\_

Do you drink alcoholic beverages: If so, how frequently and how much:

Do you drink coffee: How much: Other caffeine drinks:

How much:

Do you smoke: What: Frequency:

Have you ever had interpersonal problems at work:

Have you ever had a severe emotional upset: If so, please explain:

Have you ever seen a psychiatrist or counselor: If so, please explain:

**Spiritual**

Denominational preference:

Church attending: Member:

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

Do you believe in God: Do you pray: Would you say you are a Christian:

Or still in the process of becoming a Christian:

Have you ever been baptized:

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

Explain any recent changes in your religious life:

**Women Only**

If your husband willing to come for counseling: Is he in favor of you coming:

If no, please explain:

**Problem Checklist**

\_\_\_ Anger \_\_\_ Depression \_\_\_ Loneliness

\_\_\_ Anxiety \_\_\_ Drunkenness \_\_\_ Lust

\_\_\_ Apathy \_\_\_ Envy \_\_\_ Memory

\_\_\_ Appetite \_\_\_ Fear \_\_\_ Moodiness

\_\_\_ Bitterness \_\_\_ Finances \_\_\_ Perfectionism

\_\_\_ Change in lifestyle \_\_\_ Gluttony \_\_\_ Rebellion

\_\_\_ Children \_\_\_ Guilt \_\_\_ Sex

\_\_\_ Communication \_\_\_ Health \_\_\_ Sleep

\_\_\_ Conflict (fights) \_\_\_ Homosexuality \_\_\_ Wife abuse

\_\_\_ Deception \_\_\_ Impotence \_\_\_ A vice

\_\_\_ Decision Making \_\_\_ In-laws \_\_\_ Other

**Briefly Answer the Following Questions**

1. What is the problem (what brings you here)?

2. What have you done about the problem?

3. What are your expectations for counseling?

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