

# The Biblical Counseling Ministry Personal Data Inventory

Please complete this inventory carefully

## Personal Identification

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Referred By: \_\_\_\_\_

Marital Status (circle): Single Engaged Married Separated Divorced Widowed

Education (last year completed): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Years: \_\_\_\_\_ Attend School: \_\_\_\_\_ Weekly Work/School hours: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Other significant time/financial commitments: \_\_\_\_\_

## Marriage and Family

Spouse: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ How Long Employed: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Length of Dating: \_\_\_\_\_

Give a brief statement of circumstances of meeting and dating: \_\_\_\_\_

\_\_\_\_\_

Have either of you been previously married: \_\_\_\_\_ To Whom: \_\_\_\_\_

Have you ever been separated: \_\_\_\_\_ Filed for divorce: \_\_\_\_\_

Information about Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Living: \_\_\_\_\_ Year Ed.: \_\_\_\_\_ Step-Child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe relationship to your father: \_\_\_\_\_

\_\_\_\_\_

Describe relationship to your mother: \_\_\_\_\_

\_\_\_\_\_

Number of sibling(s): \_\_\_\_\_ Your sibling order: \_\_\_\_\_

Do you or have you lived with anyone other than parents: \_\_\_\_\_

\_\_\_\_\_

Parents still married: \_\_\_\_\_ Parents living: \_\_\_\_\_ Parents live locally: \_\_\_\_\_

Parent's religious convictions, were/are they believers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Health**

Describe your overall health: \_\_\_\_\_

\_\_\_\_\_

Describe any chronic conditions, important illnesses, injuries, or handicaps: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Do you have a family doctor or physician you see regularly? \_\_\_\_\_

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: \_\_\_\_\_

Use Tobacco: \_\_\_\_\_ What: \_\_\_\_\_ Frequency: \_\_\_\_\_

Describe your normal sleeping schedule: \_\_\_\_\_

Have you ever had interpersonal problems on the job: \_\_\_\_\_

\_\_\_\_\_

Have you ever had a severe emotional upset: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever seen a psychiatrist or counselor: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records (if needed): \_\_\_\_\_

## **Spiritual**

Denominational preference: \_\_\_\_\_

Church attending: \_\_\_\_\_ Member: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Pastor's Phone Number: \_\_\_\_\_

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 that you are a Christian: \_\_\_\_\_,

Or still in the process of becoming a Christian: \_\_\_\_\_

Have you ever been baptized: \_\_\_\_\_ Are you involved in ministry: \_\_\_\_\_

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

Have you ever been disciplined? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Explain any recent changes in your religious life: \_\_\_\_\_

\_\_\_\_\_

What are the three biggest positive influences on your spiritual life: \_\_\_\_\_

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What are the three biggest negative influences on your spiritual life: \_\_\_\_\_

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Have you shared the problems for which you are seeking counseling with your pastor and/or other mature members of your church? If yes, please write down their names. If no, please describe any concerns you have about doing so: \_\_\_\_\_

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### **Women Only**

Have you had any menstrual difficulties: \_\_\_\_\_ If you experience tension, tendency to cry, other symptoms prior to your cycle, please explain: \_\_\_\_\_

Is your husband willing to come for counseling: \_\_\_\_\_

Is he in favor of your coming: \_\_\_\_\_ If no, please explain: \_\_\_\_\_

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**Problem Checklist: Please rate how these items impact your life**

(blank) = no significant impact; 1 = mild impact; 2 = moderate impact; 3 = severe impact

_____ Anger	_____ Discouraged/Downcast	_____ Memory
_____ Anxiety	_____ Drunkenness	_____ Moodiness
_____ Apathy	_____ Envy	_____ Overwhelmed
_____ Appetite	_____ Fear	_____ Perfectionism
_____ Bitterness	_____ Finances	_____ Pornography
_____ Change in lifestyle	_____ Gluttony	_____ Procrastination
_____ Children	_____ Guilt	_____ Rebellion
_____ Communication	_____ Health	_____ Sexual Immorality
_____ Conflict (fights)	_____ Homosexuality	_____ Sex(in marriage)
_____ Control	_____ Impotence	_____ Sleep
_____ Deception	_____ In-laws	_____ Spouse Abuse
_____ Decision Making	_____ Laziness	_____ Time Usage
_____ Depression	_____ Loneliness	_____ Weary
_____ Disciplined Living	_____ Lust	_____ Other
_____ Disorganization	_____ Marriage	

**Briefly Answer The Following Questions**

1. Why have you sought counseling? What difficulties are you facing?

2. What have you done about the difficulties?

3. What are your expectations from counseling?

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