



# Personal Data Inventory

Date: \_\_\_\_\_

## **INFORMATION**

Name: \_\_\_\_\_

Contact Info: (List all that apply - check preferred method of contact)

\_\_ Home Phone \_\_\_\_\_ \_\_ Cell \_\_\_\_\_ (Text Y/N)

\_\_ Email \_\_\_\_\_ \_\_ FB, MySpace \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Education (Last year completed): Grade: \_\_\_\_\_

Other training (List the type and years completed): \_\_\_\_\_

Referred to Cornerstone Bible Church by: \_\_\_\_\_

## **HEALTH INFORMATION:**

Rate your health by checking the box:

Very Good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Declining \_\_\_\_\_ Other \_\_\_\_\_

Weight Changes Recently: Lost \_\_\_\_\_ Gained \_\_\_\_\_

List all important present or past illnesses or injuries or disabilities:

\_\_\_\_\_

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

Do you take any medication: Yes \_\_\_\_\_ No \_\_\_\_\_ Please list them: \_\_\_\_\_

Do you use Alcohol or other drugs? \_\_\_\_\_ Have you ever been arrested? \_\_\_\_\_

Have you used drugs for other than medical purposes? \_\_\_\_\_

Have you had a severe emotional upset? (Explain) \_\_\_\_\_



Have you recently suffered the loss of someone close to you?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

Have you recently suffered loss from serious social, business, or other reversals?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

**MARRIAGE AND FAMILY INFORMATION:**

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

Name of Spouse \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Your Spouse's age: \_\_\_\_\_ Education (in years) \_\_\_\_\_

Spouse willing to come to 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**

Name:                      Age:                      Living: Y/N                      Education:                      Marital Status:                      Saved:


(Put a check by the name if child is from previous marriage)

Briefly describe how you grew up: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you were raised by anyone other than your parents, briefly explain:

\_\_\_\_\_

How many older: Brothers \_\_\_\_\_ Sisters \_\_\_\_\_ do you have?

How many younger: Brothers \_\_\_\_\_ Sisters \_\_\_\_\_ do you have?

If there is any other family information that you feel would be helpful to know, please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 Groups 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 \_\_\_\_\_

Do you pray to God? Yes \_\_\_\_\_ Never \_\_\_\_\_ Occasionally \_\_\_\_\_ Often \_\_\_\_\_

Would you say are a Christian? Yes \_\_\_\_\_ No \_\_\_\_\_;

Or would you say you are still in the process of becoming a 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 \_\_\_\_\_

Give a brief description of your life before Salvation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you become a Christian? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give a brief description of your life since you've come to Christ: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what ways do you cultivate your walk with God? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Explain any recent changes in your religious life, if any \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONALITY INFORMATION**

Have you ever had any psychotherapy or counseling before? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list counselor or therapists and dates:

\_\_\_\_\_  
\_\_\_\_\_

What was the outcome?

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

What, if anything, do you fear? \_\_\_\_\_

Is there any other information that would help us to help you? Have you recently suffered a loss from serious social, business, or other reversals, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:

\_\_\_\_\_  
\_\_\_\_\_

**FAMILY AND CHILDHOOD INFORMATION**

What kind of home did you grow up in?

\_\_\_\_\_  
\_\_\_\_\_



How would you characterize your father?

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How would you characterize your mother?

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Where did you grow up?

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What was your happiest memory as a child?

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What was your unhappiest memory as a child?

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Did you experience a major trauma when you were a child? Detail:

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**TELEVISION AND ENTERTAINMENT**

How much television/DVD/videos do you watch each day? \_\_\_\_\_ hrs.

How much music? \_\_\_\_\_

How much time do you spend on the internet? \_\_\_\_\_

**PERSONAL BEHAVIOR**

Do you drink coffee or other caffeinated drinks? Yes \_\_\_\_\_ No \_\_\_\_\_

How much per day? \_\_\_\_\_



Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_ How much? \_\_\_\_\_

Do you explode when you get angry? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you withdraw when you get angry or hurt? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you frequently argue with others? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your spouse / significant other willing to come in for counseling? Yes \_\_\_\_\_ No \_\_\_\_\_

What do they think about you coming in for counseling?

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**BRIEFLY ANSWER THE FOLLOWING QUESTIONS**

1) What is the problem as you see it? When did it start? Please specify a date if possible:

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2) What have you done about it?

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3) What can we do? What are your expectations in coming here?

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**PROBLEM CHECKLIST** (Check all that apply)

- Anger
  - Envy
  - Appetite
  - Anxiety
  - Fear
  - Memory
  - Apathy
  - Gluttony
  - Moodiness
  - Bitterness
  - Guilt
  - Rebellion
  - Change in Lifestyle
  - Health
  - Sex
  - Children
  - Homosexuality
  - Sleep
  - Depression
  - Impotence
  - Wife Abuse
  - Deception
  - In-Laws
  - A vice
  - Other:
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