

WEAKLEY COUNTY BAPTIST ASSOCIATION COUNSELING MINISTRY

PERSONAL DATA INVENTORY

PERSONAL IDENTIFICATION

Name: Birth Date:

Age: Sex:

Marital Status:

Cell Phone:

E-mail:

Mailing Address:

Which is the best means of contacting you?

Referred By:

Education (last year completed):

Employer: Position: Years there:

In case of an emergency, please contact: (Who is this? What is your relation?)

• Describe relationship to your father:

• Describe relationship to your mother:

• Number of siblings:

• Are your parents living? Do they live locally?

• Did you live with anyone other than parents?

HEALTH

- Describe your health:

- Do you have any chronic conditions?

- List important illnesses and injuries or handicaps:

- When was your last medical exam?

- Current medication(s) and dosages: _____

- Have you ever used drugs for other than medical purposes? If so, what exactly.

- Have you ever been arrested?

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

- Have you ever had a severe emotional upset?
If yes, explain:

- Have you ever seen a psychiatrist or counselor?
If yes, explain—

SPIRITUAL

- 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 been baptized?
- How often do you read the Bible? Never _____ Occasionally _____ Often _____ Daily _____
- Where do you attend church?
- Are you a member of the church you attend?
- What ministry are you involved in at your church?
- **What is your current relationship with Jesus Christ?**

PROBLEM CHECK LIST

- | | | |
|-------------------------|-------------------|-------------------|
| ____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 your problem (what brings you here)?
2. What have you done about this problem?
3. Have you spoken to your pastor about this?
4. What are your expectations from counseling?
5. Is there any other information I should know?