

Biblical Counseling, LLC
Personal Data Inventory

Please complete this inventory carefully and make it available to your counselor prior to your first session.

Personal Identification **Today's Date:** _____

Name: _____

Address: _____ Zip Code: _____

Email Address: _____

Counseling Platform: Remotely through Zoom: _____ In person: _____

Age: _____ Gender: _____

How did you learn about us?: _____

Marital Status: Single: ___ Engaged: ___ Married: ___ Separated: ___ Divorced: ___ Widowed: ___

Education (last year completed): _____

Cell Phone: _____

Employer: _____ Position: _____ Years: _____

Marriage and Family

Spouse: _____

Email Address: _____

Age: _____ Occupation: _____ How Long Employed: _____

Cell Phone: _____

Date of Marriage: _____ Length of Dating: _____

Have either of you been previously married: _____ To Whom: _____

Have you ever been separated: _____ Filed for divorce: _____

Information about Children:

Name	Age	Gender (M/F)	Living (Y/N)	Education (in yrs)	Marital status	Living with you (Y/N)	Stepchild (Y/N)

Describe your relationship to your father: _____

Describe your relationship to your mother: _____

Number of sibling(s): _____ Your sibling order: _____

Did you live with anyone other than parents: _____

Are your parents living: _____ Do they live locally: _____

If married, is your spouse willing to come for counseling: _____

Is he/she in favor of your coming: _____ If no, explain: _____

Health

Describe your health: _____

Do you have any chronic conditions: _____ Explain: _____

List important illnesses and injuries or handicaps: _____

Date of last medical exam: _____ Report: _____

Physician's name: _____

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: _____ If so, how frequently and how much: _____

Other caffeinated drinks: _____ If so, how frequently and how much: _____

Do you smoke: _____ What: _____ Frequency: _____

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, list counselor, dates and outcome:

Spiritual

Denominational preference: _____

Church attending: _____ Member?: _____

Attendance of church events 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: _____

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

Explain any recent changes in your religious life: _____

Problem Checklist (Check all that apply)

_____ 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

_____ Spouse abuse

_____ Deception

_____ Impotence

_____ Any vice in general

_____ Decision Making

_____ In-laws

_____ Other _____

Briefly Answer the Following Questions

1. What is the main problem as you see it (what brings you here)?

2. What have you done about the problem?

3. What are your expectations from Biblical Counseling?

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