

PHBC Biblical Counseling Ministry

Personal Data Inventory New Counselor Intake Form

Please answer to the best of your ability. Any question you feel uncomfortable answering, you can leave blank and discuss with your counselor.

IDENTIFICATION DATA: Name: _____ Phone _____

Address: _____

Occupation: _____ Business Phone _____ Birth Date: _____

Age ____ Single __ Separated __ Divorced __ Widowed __ Education: (Highest year completed) _____

Other training: _____ Military Service: Yes __ No __ Branch: _____

Referred here by: _____ Address _____ Phone: _____

HEALTH INFORMATION: Rate your health: Very Good ____ Good __ Average __ Declining __ Other _____

Your approximate weight: ____ lbs. Recent weight changes: Lost ____ lbs., Gained ____ lbs. List all important, present, or past, injuries or handicaps: _____

Date of last Medical Examination: _____ Report: _____

Your Physician: _____ Address: _____

Are you currently taking medication? Yes __ No __ If so, what? _____

Have you used drugs for other than medical purposes? Yes __ No __ Which drugs? _____

Have you ever had a severe emotional upset? Yes __ No __ Explain: _____

Have you ever been arrested? Yes __ No __ Explain: _____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or medical reports? Yes __ No __

RELIGIOUS BACKGROUND: Church: _____ Denomination: _____

Member: Yes __ No __ Church Attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+ Church Attended in childhood _____

Were you baptized? Yes __ No __ Religious background of spouse (if married) _____

Do you see yourself as a religious person? Yes __ No __ Uncertain ____

Do you believe in God? Yes ____ No ____ Uncertain ____ Do you pray to God? Never ____ Occasionally ____

Often ____ Are you saved? Yes ____ No ____ Not sure what you mean ____ How much do you read the bible?

Never __ Occasionally __ Often __ Do you have regular family devotions? Yes ____ No ____ Explain recent changes in your religious life, if any: _____

PERSONALITY INFORMATION: Have you ever had psychotherapy or counseling before? Yes __ No __

If yes, list counselor and dates: _____

What was the outcome? _____

CIRCLE ANY OF THE FOLLOWING WORDS WHICH BEST DESCRIBE YOU NOW: active ambitious impulsive self-confident persistent nervous hardworking impatient moody often-blue excitable imaginative calm serious shy good-natured introvert extrovert likeable leader quiet hardboiled submissive self-conscious easy-going lonely sensitive other: _____

Have you ever felt people watching you? Yes ___ No ___ Do colors ever seem too bright? Yes ___ No ___

Do people's faces ever seem distorted? Yes ___ No ___ Have you ever had hallucinations? Yes ___ No ___

Do you have problems sleeping? Yes ___ No ___ How many hours a night so you sleep? _____

Is your hearing exceptionally good? Yes ___ No ___ Are you afraid of being in a car? Yes ___ No ___

Do you ever have difficulty distinguishing faces? Yes ___ No ___ Are you sometimes unable to judge distance? Yes ___ No ___

MARRIAGE AND FAMILY INFORMATION: Name of spouse: _____

Address: _____ Phone: _____ Occupation: _____

Business Phone _____ Spouse's Age: _____ Education (yrs.) _____ Religion: _____

Is spouse willing to come for counseling? Yes ___ No ___ Uncertain ___ Have you ever been separated?

Yes ___ No ___ When? From _____ to _____ Have either of you ever been divorced? Yes ___ No ___

When? _____ Date of marriage: _____ 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:

PM	Name(s)	Age	Living	Education	Marital	Living in
		Y/N		in years	Status	Home

Check PM column if child is by previous marriage.

Were you reared by anyone other than your own parents? Yes ___ No ___ If so, please explain: _____

How many older brothers _____ sisters _____ do you have?

How many younger brothers _____ sisters _____ do you have?

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1) WHAT IS THE MAIN PROBLEM AS YOU SEE IT? (What brings you here?)

2) WHAT HAVE YOU DONE ABOUT IT?

3) WHAT DO YOU WANT US TO DO ABOUT IT?

4) AS YOU SEE YOURSELF, WHAT KIND OF PERSON ARE YOU? (describe yourself)

5) IS THERE ANY OTHER INFORMATION WE SHOULD KNOW?
