



Evangel Church PCA
Biblical Counseling

Ministry
PERSONAL DATA INVENTORY
(The information you provide is confidential.)

PERSONAL INFORMATION

Name _____ DOB _____ Male/Female (circle)
Address _____
Contact Number _____ Email address: _____
Education (last year completed) _____
Employer _____ Position _____ Years _____

HEALTH INFORMATION

How would you describe your health?
_____ Very Good _____ Good _____ Average _____ Poor
Do you have any chronic conditions (if so, what)? _____
List important illnesses and injuries or disabilities _____

Date of last medical exam _____ Report _____
Have you ever used drugs for other than medical purposes? _____
If yes, please explain _____
Do you drink alcoholic beverages? _____
If so, how frequently and how much? _____
Do you smoke? _____ If so, how long and have you tried to stop? _____
Have you ever had an emotional upset? _____ If yes, explain _____
Have you ever seen a psychiatrist or counsel? _____ If yes, when and for what
reason? _____
What medications are you presently taking? _____

MARRIAGE & FAMILY RELATIONSHIPS

Marital status: _____ Single _____ Steady Dating _____ Engaged
 _____ Married _____ Separated _____ Divorced _____ Widowed

Spouse Name _____ Age _____

Occupation _____ How Long Employed _____

Contact Phone Number _____ Date of Marriage _____

Brief statement of circumstances of meeting and dating: _____

Have either you or your spouse been previously married? _____

Information About Children:

Name	Age	Sex	Lives with	Step child?	Year Ed.

Describe relationship with your father _____

Describe relationship with your mother _____

Number of siblings _____ Your sibling order _____

Did you live with anyone other than parents (if so, who)? _____

Are your parents living? _____

What kind of home did you grow up in?

_____ Traditional (father/mother/children)

_____ Divorced (with whom did you live?) ___ Mom ___ Dad ___ Other

_____ Stepfamily--which parents remarried? _____

_____ Did you live with stepbrothers or stepsisters? _____

_____ Authoritarian (father or mother made all the rules without discussion, would not allow other opinions)

_____ Perfectionist (everything had to be done just right to please ___ Mom ___ Dad ___ Both

_____ Critical (parents remarked only about negative; little praise)

_____ Affectionate: ___ Demonstrated with hugs/kisses ___ Not affectionate

_____ Substance Affected: ___ Alcohol ___ Drugs ___ Marijuana ___ Other

_____ Abusive (___ physically ___ emotionally ___ sexually)

_____ Religious (___ name only ___ strict ___ hypocritical ___ good experience)

_____ Other _____

Nearest relative/friend in case of emergency:

Name _____ Contact number _____

SPIRITUAL MATTER

Church attending _____ Member? _____
Do you believe in God? _____ Do you believe Satan exists? _____
Would you say you are a Christian? _____
Do you pray? _____ How often do you read the Bible? _____
Explain any recent changes in your religious life _____

SELF ANALYSIS

Circle any of the following words which best describe you today:

Active	Extrovert	Introvert	Nervous	Sensitive
Ambitious	Good-Natured	Kind	Often Blue	Serious
Calm	Hard-Working	Leader	Persistent	Shy
Cranky	Imaginative	Likable	Quiet	Spiritual
Easy-Going	Impatient	Lonely	Self-Confident	Submissive
Excitable	Impulsive	Moody	Self-Conscious	
Other _____				

PROBLEM CHECKLIST

Circle any of the following areas where you are experiencing problems:

Addiction	Deception	Memory
Anger	Envy	Moodiness
Anxiety	Fear	Rebellion
Apathy	Finances	Religious
Appetite	Forgiveness	Sex
Bitterness	Guilt	Sleep
Change in Lifestyle	Health	Spousal Abuse
Children	Homosexuality	Vice(s)
Depression	In-laws	Other _____

Please briefly describe what you believe the problem is. _____

Besides coming for counseling, what else have you tried to do to resolve/address the problem? _____

What are your expectations in coming here for counseling? _____