

PERSONAL DATA INFORMATION FORM

This form must be completed in full before the first counseling session. All information is confidential.

IDENTIFICATION DATA

Name _____
Phone _____
Address _____ City _____ Zip _____
Occupation _____
Phone (H) _____ (W) _____
Sex: (M) ___ (F) ___ Birthdate _____ Age _____
Referred here by _____

HEALTH INFORMATION

Rate your health (check): Very Good ___ Good ___ Average ___

Declining ___ Other _____

Height _____ Your approximate weight _____ lbs.

Weight changes recently (+/—) _____

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

Date of last medical examination _____ Report: _____

Your physician _____

Address _____

Are you presently taking medication: Yes ___ No ___ What? _____

Have you used drugs for other than medical purposes? Yes ___ No ___

What? _____

Have you ever been arrested? Yes ___ No ___

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

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

Yes ___ No ___ last

Explain:

EDUCATION

Education (last year you completed) _____ (grade)

Other training (list type and years)

(Include any degrees)

MARRIAGE AND FAMILY INFORMATION

Marital Status: Single ___ Going Steady ___ Engaged ___ Married ___

Separated ___ Divorced ___ Widowed ___

Name of Spouse _____

Address _____

Occupation _____

Phone(H) _____ (W) _____

Your spouse's age _____ Education (in years) _____
 Religion _____
 spouse willing to come for 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:

PM* Name Age Sex Living? Years/ Education Marital Status

*Check column if child is by previous marriage)

RELIGIOUS BACKGROUND

Denominational preference: _____

Member of _____ (church)

How often do you attend per month? (circle) 0 1 2 3 4 5 6 7 8 9 10+

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 ___
 (Séances, devil worship, witchcraft, etc.)

Do you pray to God? Yes ___ No ___ Never ___ Occasionally ___ Often ___

Would you say you are a Christian? Yes ___ No ___; or would you
 say you are still in the process of becoming a Christian? _____

How often do you read the Bible? Never ___ Occasionally ___ Often ___

Do you have regular devotions? Yes ___ No ___ Not sure what you mean ___ Explain 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:

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

Godly Ethical Hypocritical Strict Angry Unreasonable Abusive Irresponsible Cruel Uneducated Proud Embarrassing
Active Ambitious Self-confident Persistent Nervous Hardworking Impatient Impulsive Moody Often-blue
Excitable Imaginative Calm Serious Easy-going Shy Good-natured Introvert Extrovert Likable Leader Quietboiled
Hard-boiled Submissive Lonely Selfconscious Sensitive Humorous Sloppy Well-groomed Selfdisdplined Whiner
Selfish Lots of Friends Failure Success

Other _____

FAMILY AND CHILDHOOD INFORMATION:

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

How many older brothers _____ sisters _____ do you have?
How many younger brothers _____ sisters _____ do you have?
Are you on good terms with your Mother ___ Father ___ Brother ___ Sisters ___?

List the people that you hate or are extremely angry with, and the reasons:

What kind of home did you grow up in? (Check all that apply)

- Traditional (Father, Mother, Kids)
- Authoritarian (Father or Mother made all the rules without discussion. Would not allow for other opinions.
- Divorced (Who did you live with? __ Mom __ Dad Other _____)

Alcoholic (Skid row Functional, but affected Dysfunctional effect on family)
 Drug Affected (Cocaine Heroin Marijuana Other,)
 Perfectionist (Everything had to be done just right to please Mom Dad Both
 Critical (One or both parents could only remark about the negatives. Little praise for good things).
 Affectionate (Demonstrative with hugs, kisses, etc. Affection there, but not openly shown).
 Emotional (Crying allowed, but controlled. Anger, screaming freely allowed).
 Repressed (Emotions not allowed to show. Parents showed emotion, but kids not allowed to do so).
 Religious (In name only Strict, negative Hypocritical Genuine Happy Experience).
 Step-family (Which of parents remarried? _____ Had to live with step-brothers or step-sisters)
 Abusive (In what way? Sexual Physical Beatings Emotional Other: _____)

What kind of home did your Father grow up in?

Traditional (Father, Mother, Kids)
 Authoritarian (Father or Mother made all the rules without discussion.
 Would not allow for other opinions.
 Divorced (Who did you live with? Mom Dad Other _____)
 Alcoholic (Skid row Functional, but affected Dysfunctional effect on family)
 Drug Affected (Cocaine Heroin Marijuana Other _____)
 Perfectionist (Everything had to be done just right to please Mom Dad Both
 Critical (One or both parents could only remark about the negatives. Little praise for good things).
 Affectionate (Demonstrative with hugs, kisses, etc. Affection there, but not openly shown).
 Emotional (Crying allowed, but controlled. Anger, screaming freely allowed).
 Repressed (Emotions not allowed to show. Parents showed emotion, but kids not allowed to
 Religious (In name only Strict, negative Genuine Happy Experience).
 Step-family (_____ Which of parents remarried? _____ Had to live with step-brothers or step-sisters)
 Abusive (In what way? Sexual Physical Beatings Emotional
 Other: _____)

What kind of home did your Mother grow up in?

Traditional (Father, Mother, Kids) Authoritarian (Father or Mother made all the rules without discussion. Would not allow for other opinions.
 Divorced (Who did you live with? Mom Dad Other _____)
 Alcoholic (Skid row Functional, but affected Dysfunctional effect on family)
 Drug Affected (Cocaine Heroin Marijuana Other _____)
 Perfectionist (Everything had to be done just right to please Mom Dad Both
 Critical (One or both parents could only remark about the negatives. Little praise for good things).
 Affectionate (Demonstrative with hugs, kisses, etc. Affection there, but not openly shown).
 Emotional (Crying allowed, but controlled. Anger, screaming freely allowed).
 Repressed (Emotions not allowed to show. Parents showed emotion, but kids not allowed to
 Religious (In name only Strict, negative Hypocritical Genuine Happy Experience).
 Step-family (_____ Which of parents remarried? _____)

___ Had to live with step-brothers or step-sisters)

___ Abusive (In what way? ___Sexual ___Physical Beatings ___Emotional ___ Other:
_____)

FAMILY AND CHILDHOOD INFORMATION CONTINUED

Would you characterize your Father as: (Circle the appropriate words)

Godly Ethical Hypocritical Strict Angry Unreasonable Abusive Irresponsible Cruel Uneducated Proud
Embarrassing Active Ambitious Self-confident Persistent Nervous Hardworking Impatient
Impulsive Moody Often-blue Excitable Imaginative Calm Serious Easy-going Shy Good-natured
Introvert Extrovert Likable Leader Quietboiled Hard-boiled Submissive Lonely Selfconscious
Sensitive Humorous Sloppy Well-groomed Self-disciplined Whiner Selfish Lots of Friends
Failure Success Other _____

Would you characterize your Mother as:

Godly Ethical Hypocritical Strict Angry Unreasonable Abusive Irresponsible Cruel Uneducated Proud
Embarrassing Active Ambitious Self-confident Persistent Nervous Hardworking Impatient
Impulsive Moody Often-blue Excitable Imaginative Calm Serious Easy-going Shy Good-natured
Introvert Extrovert Likable Leader Quietboiled Hard-boiled Submissive Lonely Selfconscious
Sensitive Humorous Sloppy Well-groomed Self-disciplined Whiner Selfish Lots of Friends
Failure Success Other _____

Where did you grow up? ___ Urban Area ___ Suburban Area ___ Small Town ___ Rural ___ Farm City,
State _____ Population _____

What was your family's economic situation when you were a child? ___ Extremely poor ___ Poor
___ Lower Middle Income ___ Middle Income ___ Higher Middle Income ___ Wealthy ___ Extremely
wealthy

Were you ever sexually abused by anyone? ___ No ___ Yes

(Please' detail: ___ Were you abused by a relative? ___ Were you abused by a stranger? ___ A
neighbor? How old were you at the time? ___ Was the person who abused you ever prosecuted? ___

What was your happiest memory as a child?

What was your unhappiest memory as a child?

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

___ At Home

___ At School

___ At Neighbor's Home

___ At Relative's Home

___ Other:

TELEVISION & ENTERTAINMENT

How much television do you watch each day? ___ hrs.

List your favorite programs: _____

What is your favorite type of music? _____

List your favorite entertainers:

BIO-PSYCHOLOGICAL INFORMATION

Have you ever felt people were watching you? Yes_ No ___

Do people's faces ever seem distorted? Yes ___ No _

Do you ever have difficulty distinguishing faces? Yes No

Do colors ever seem too bright? Yes ___ No ___

Are you sometimes unable to judge distance? Yes ___ No ___

Have you ever had hallucinations? Yes ___ No ___

Are you afraid of being in a car? Yes ___ No ___

Is your hearing exceptionally good? Yes ___ NO ___

Do you have problems sleeping? Yes ___ No ___

PERSONAL BEHAVIORAL

1. Do you drink coffee or other caffeinated drinks? Yes
___ No ___ How much per day? ____.

2. Do you smoke? Yes ___ No ___ How much? ____

3. Do you explode when you get angry? Yes ___ No ___

4. Do you -withdraw when you get angry or hurt? Yes___ No___

5. Do you frequently argue with significant other people? Yes ___ No ___

WOMEN ONLY

Have you had any menstrual difficulties? _____

Do you experience tension, tendency to cry, other symptoms prior to your cycle? Please explain:

Is your husband willing to come for counseling?

Is he in favor of your coming? _____ If no, explain

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

1. What is the problem as you see it?

2. What have you done about it?

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

4. Is there any other information we should know?

PROBLEM CHECK LIST: (Check those which are current)

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