

PERSONAL DATA INFORMATION FORM

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

IDENTIFICATION DATA

Name _____
Address _____ City _____ Zip _____
Phone (H) _____ (W) _____ (Cell) _____
Sex: (M) _____ (F) _____ Birthdate _____ Age _____
Occupation _____
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 _____
Explain: _____

EDUCATION

Education (last year you completed) _____ (grade)
Other training (list type and years) _____

(Include any degrees) _____

MARRIAGE AND FAMILY INFORMATION

Marital Status: Single _____ Dating _____ Engaged _____ Married _____ Separated _____ Divorced _____ Widowed _____
Name of Spouse _____
Address _____
Spouse's Occupation _____
Phone (H) _____ (W) _____
Your spouse's age _____ Education (in years) _____ Religion _____
Is your spouse willing to come for counseling? Yes _____ No _____ Uncertain _____
Is your spouse in favor of your coming? _____ If no, explain _____

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? _____ Baptized? _____
Religious background of spouse (if married) _____ Baptized? _____
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 “dabble” with the “Occult”? Yes ___ No ___ Uncertain ___ (Seances, 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: _____

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

- | | |
|--|---|
| <input type="checkbox"/> Abusive | <input type="checkbox"/> Lonely |
| <input type="checkbox"/> Active | <input type="checkbox"/> Lots of Friends |
| <input type="checkbox"/> Ambitious | <input type="checkbox"/> Moody |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Often-blue |
| <input type="checkbox"/> Cruel | <input type="checkbox"/> Persistent |
| <input type="checkbox"/> Easy-going | <input type="checkbox"/> Proud |
| <input type="checkbox"/> Embarrassing | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Ethical | <input type="checkbox"/> Self-confident |
| <input type="checkbox"/> Excitable | <input type="checkbox"/> Self-conscious |
| <input type="checkbox"/> Extrovert | <input type="checkbox"/> Self-disciplined |
| <input type="checkbox"/> Failure | <input type="checkbox"/> Selfish |
| <input type="checkbox"/> Godly | <input type="checkbox"/> Sensitive |
| <input type="checkbox"/> Good-natured | <input type="checkbox"/> Serious |
| <input type="checkbox"/> Hard-boiled | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Hardworking | <input type="checkbox"/> Sloppy |
| <input type="checkbox"/> Humorous | <input type="checkbox"/> Strict |
| <input type="checkbox"/> Hypocritical | <input type="checkbox"/> Submissive |
| <input type="checkbox"/> Imaginative | <input type="checkbox"/> Success |
| <input type="checkbox"/> Impatient | <input type="checkbox"/> Uneducated |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Unreasonable |
| <input type="checkbox"/> Introvert | <input type="checkbox"/> Well-groomed |
| <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Whiner |
| <input type="checkbox"/> Leader | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Lovable | |

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(s) _____ Sister(s)?

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 sisters)
- Abusive** (In what way? ___ Sexual ___ Physical Beatings ___ Emotional ___ Other:_____)

What kind of home did your Father 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 sisters)
 - Abusive** (In what way? ___ Sexual ___ Physical Beatings ___ Emotional ___ Other: _____)
-
-
-

What kind of home did your Mother 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 sisters)
 - Abusive** (In what way? ___ Sexual ___ Physical Beatings ___ Emotional ___ Other: _____)
-
-
-

Check the appropriate words: Would you characterize your **Father** as:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Abusive | <input type="checkbox"/> Godly |
| <input type="checkbox"/> Active | <input type="checkbox"/> Good-natured |
| <input type="checkbox"/> Ambitious | <input type="checkbox"/> Hard-boiled |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Hardworking |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Humorous |
| <input type="checkbox"/> Cruel | <input type="checkbox"/> Hypocritical |
| <input type="checkbox"/> Easy-going | <input type="checkbox"/> Imaginative |
| <input type="checkbox"/> Embarrassing | <input type="checkbox"/> Impatient |
| <input type="checkbox"/> Ethical | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Excitable | <input type="checkbox"/> Introvert |
| <input type="checkbox"/> Extrovert | <input type="checkbox"/> Irresponsible |
| <input type="checkbox"/> Failure | <input type="checkbox"/> Leader |

- Liable
- Lonely
- Lots of Friends
- Moody
- Nervous
- Often-blue
- Persistent
- Proud
- Quiet
- Self-confident
- Self-conscious
- Self-disciplined
- Selfish

- Sensitive
- Serious
- Shy
- Sloppy
- Strict
- Submissive
- Success
- Uneducated
- Unreasonable
- Well-groomed
- Whiner
- Other_____

Check the appropriate words: Would you characterize your **Mother** as:

- Abusive
- Active
- Ambitious
- Angry
- Calm
- Cruel
- Easy-going
- Embarrassing
- Ethical
- Excitable
- Extrovert
- Failure
- Godly
- Good-natured
- Hard-boiled
- Hardworking
- Humorous
- Hypocritical
- Imaginative
- Impatient
- Impulsive
- Introvert
- Irresponsible
- Leader
- Likable

- Lonely
- Lots of Friends
- Moody
- Nervous
- Often-blue
- Persistent
- Proud
- Quiet
- Self-confident
- Self-conscious
- Self-disciplined
- Selfish
- Sensitive
- Serious
- Shy
- Sloppy
- Strict
- Submissive
- Success
- Uneducated
- Unreasonable
- Well-groomed
- Whiner
- 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

Where 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 HABITS

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:

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

1. What is your problem?

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