

# Life Change Christian Counseling

## Personal Data Inventory

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parents' Names (If minor) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Sex (M or F) \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Any children? Yes \_\_\_ No \_\_\_ How many and ages \_\_\_\_\_

Referred here by \_\_\_\_\_

### **Health Information**

Rate your health (Check): Very Good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Declining \_\_\_\_\_ Other \_\_\_\_\_

Your approximate weight \_\_\_\_\_ lbs. Weight changes recently: Lost \_\_\_\_\_ Gained \_\_\_\_\_

List all important present or past illnesses, injuries, handicaps. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you presently taking medication? Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_

\_\_\_\_\_

Have you ever used drugs for other than medical purposes? Yes? \_\_\_ No \_\_\_ What? \_\_\_\_\_

\_\_\_\_\_

**Counselor's Notes:**

Have you ever had an emotional upset? Yes\_\_No\_\_ Explain\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested? Yes?\_\_No\_\_

Are you willing to sign a release of information 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\_\_\_\_\_

Have you recently suffered the loss from serious social, business or other reversals?

Yes\_\_No\_\_ Explain\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Religious Background**

Current Church \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you a member of this church? Yes\_\_No\_\_ How often do you attend? \_\_\_\_\_

Church you attended in childhood: \_\_\_\_\_ Baptized? Yes?\_\_No\_\_

Religious Background of spouse (if married) \_\_\_\_\_

Do you consider yourself a genuine Christian? Yes\_\_No\_\_ Not sure what you mean \_\_\_\_\_

Do you believe in God? Yes\_\_No\_\_

Do you pray to God? Never\_\_Occasionally\_\_Often\_\_

**Counselor's Notes:**

Do you read your Bible? Never\_\_\_ Occasionally\_\_\_ Often\_\_\_

Do you have regular family devotions?

Explain recent changes in your spiritual life, in any. \_\_\_\_\_

\_\_\_\_\_

If you were to go to heaven and God said "Why should I let you in"? What would you say?

\_\_\_\_\_

**Personality Information**

Have you ever had any psychotherapy or counseling before? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, list the counselor or therapist and approximate dates. \_\_\_\_\_

\_\_\_\_\_

What was the outcome? \_\_\_\_\_

\_\_\_\_\_

Underline any of the following words which best describes you now.

Active	Ambitious	Self-Confident	Persistent	Nervous
Hardworking	Impatient	Impulsive	Moody	Often-blue
Excitable	Imaginative	Calm	Serious	Easy-going
Shy	Good-natured	Introvert	Likable	Leader
Quiet	Hard-boiled	Submissive	Lonely	Self-conscious
Sensitive	Other: _____			

Have you ever felt like people were watching you? Yes\_\_\_ No\_\_\_

Do people's face ever seem distorted? Yes\_\_\_ No\_\_\_

Do colors ever seem too bright? \_\_\_ Too dull?\_\_\_

**Counselor's Notes:**

Are you sometimes unable to judge distance? Yes\_\_\_No\_\_\_

Have you ever had hallucinations? Yes\_\_\_No\_\_\_

Are you afraid of being in a confined place? Yes\_\_\_No\_\_\_

Do you have problems sleeping? Yes\_\_\_No\_\_\_

**Marriage and Family Information**

Name of spouse\_\_\_\_\_

Address(If different)\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Phone (Home)\_\_\_\_\_(Work)\_\_\_\_\_

Occupation\_\_\_\_\_Spouse's age\_\_\_\_\_

Education\_\_\_\_\_

What church does your spouse attend?\_\_\_\_\_

How often does he attend? Regularly\_\_\_\_\_Occasionally\_\_\_\_\_Never\_\_\_\_\_

Does your husband/wife believe they are Christian? Yes\_\_\_No\_\_\_Not sure\_\_\_\_\_

Date of marriage\_\_\_\_\_Your ages when married: Husband\_\_\_\_\_Wife\_\_\_\_\_

Have either of you ever filed for divorce? Yes\_\_\_No\_\_\_When?\_\_\_\_\_

Have you ever been separated?

Yes\_\_\_No\_\_\_When?\_\_\_\_\_From\_\_\_\_\_to\_\_\_\_\_

How long did you know your spouse before marriage?\_\_\_\_\_

Length of steady dating with spouse\_\_\_\_\_Length of engagement\_\_\_\_\_

**Counselor Notes:**

Have either of you been previously married? Husband\_\_\_\_\_Wife\_\_\_\_\_

Give brief information about any previous marriages.\_\_\_\_\_

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Does your husband object to your coming for counseling? Yes\_\_\_No\_\_\_Not sure\_\_\_\_\_

Would your husband be willing to come for counseling? Yes\_\_\_No\_\_\_Not sure\_\_\_\_\_

If you were raised by anyone other than your own parents, briefly explain.\_\_\_\_\_

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Would you consider your childhood happy? Yes\_\_\_No\_\_\_Explain\_\_\_\_\_

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Would you consider your childhood difficult? Yes\_\_\_No\_\_\_Explain\_\_\_\_\_

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How many brothers\_\_\_\_\_sisters\_\_\_\_\_do you have? How many older?\_\_\_\_\_Younger?\_\_\_\_\_

**Briefly Answer the Following Questions:**

1.How would you describe your problem?

**Counselor's Notes:**

2. What have you done about it?

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

4. What issues, or questions, would you like addressed in counseling?

5. What circumstances have led to your coming here now?

**Counselor's Notes:**

6. As you see yourself, what kind of person are you? Describe yourself.

7. What, if anything, do you fear?

8. Is there any other information we should know?

**Counselor's Notes:**