

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