

## 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

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\_\_\_ At School

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\_\_\_ At Neighbor's Home

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\_\_\_ At Relative's Home

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\_\_\_ Other:

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### **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:

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### **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:

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Is your husband willing to come for counseling?

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

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**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