

**Cornerstone Church Biblical Counseling
Personal Data Inventory**

Please complete this inventory carefully

Personal Identification

Name: _____ Birth Date: _____

Address: _____ Zip Code: _____

Marital Status: Single: _____ Engaged: _____ Married: _____ Separated: _____
 Divorced: _____ Widowed: _____

Education (last year completed): _____

Home Phone: _____ Work Phone: _____ Email: _____

Employer: _____ Position: _____

Years: _____

Marriage and Family

Spouse: _____ Birth Date: _____

Occupation: _____ How Long Employed: _____

Date of Marriage: _____ Length of Dating: _____

Give a brief statement of circumstances of meeting and dating: _____

Have either of you been previously married: Yes _____ No _____

Have you ever been separated: _____ Filed for divorce: _____

Information about Children:

Name:	Age:	Sex:	Living:	Step-Child:
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Describe relationship to your father: _____

Describe relationship to your mother: _____

Health

Describe your health:

Do you have any chronic conditions: _____ What: _____

Date of last medical exam: _____ Report: _____

Current medication(s) and dosage: _____

Have you ever-used drugs for anything other than medical purposes: _____

If yes, please explain: _____

Have you ever been arrested: _____

Do you drink alcoholic beverages: _____ If so, how frequently and how much: _____

Do you drink coffee: _____ How much: _____ Other caffeine drinks: _____

_____ How much: _____

Do you smoke: _____ What: _____ Frequency: _____

Have you ever had interpersonal problems on the job: _____

Have you ever had a severe emotional upset: _____ If yes, please explain: _____

Have you ever seen a psychiatrist or counselor: _____ If yes, please explain: _____

Spiritual

Denominational preference: _____

Church attending: _____ Member: _____

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8+

Do you believe in God: _____ Do you pray: _____ Would you say that you are a Christian: _____,

Or still in the process of becoming a Christian: _____

Have you ever been baptized: _____

How often do you read the Bible: Never: _____ Occasionally: _____ Often: _____ Daily: _____

Explain any recent changes in your religious life: _____

Women Only

Is your husband willing to come for counseling: _____

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

Problem Check List

_____ Anger	_____ Depression	_____ Loneliness
_____ Anxiety	_____ Drunkenness	_____ Lust
_____ Apathy	_____ Envy	_____ Memory
_____ Appetite	_____ Fear	_____ Moodiness
_____ Bitterness	_____ Finances	_____ Perfectionism
_____ Change in lifestyle	_____ Gluttony	_____ Rebellion
_____ Children	_____ Guilt	_____ Sex
_____ Communication	_____ Health	_____ Sleep
_____ Conflict (fights)	_____ Homosexuality	_____ Wife abuse
_____ Deception	_____ Impotence	_____ A Vice
_____ Decision Making	_____ In-laws	_____ Other

Briefly Answer The Following Questions

1. What is your problem (what brings you here)?

2. What have you done about the problem?

3. What are your expectations from counseling?

4. Is there any other information that we should know?