PERSONAL DATA INVENTORY

				Date	
		<u>Identification</u>	Data		
	Name	Address			
	City	State Zip _			
	Phone: (hm)	(wrk)	(cel)		
	E-mail				
	Date of Birth				
	Marital Status: □ Single □ Going Steady □ Engaged □ Married □ Separated □ Divorced □ Remarried □ Widow				
	Education: Elementary	□ High School □ College □ C	Graduate		
	Other Training (list type an	nd years)			
	Hobbies				
).	Referred by	A	ldress		
		Marriage Infor	mation:		
l.	Name of Spouse	Marriage Infor			
			ldress		
	Occupation	Ad	ldress	Age	
	OccupationBusiness Phone	Ad	Idress Education _	Age	
2.	Occupation Business Phone Is your spouse willing to co	Ad	Education _	Age	
2.	Occupation Business Phone Is your spouse willing to contain the second separation and the second separation is separation.	Ad	Education Education till	Age	
 3. 4. 	Occupation Business Phone Is your spouse willing to contain the second s	Ad	Idress Education _ No □ Uncertain till edding	Age	
2. 3. 4.	Occupation Business Phone Is your spouse willing to contain the second separation of the second separation of the second separation of the second seco	AdPhonePhone	Idress Education _ No □ Uncertain till edding	Age	
2. 3. 4. 5.	Occupation Business Phone Is your spouse willing to contain the second separate of the separat	AddPhone	Idress Education _ No □ Uncertain till edding length of engagement _	Age	
2. 3. 4. 5.	Occupation Business Phone Is your spouse willing to contain the second separate of the separat	AddPhone	Idress Education _ No □ Uncertain till edding length of engagement _	Age	

0. Older brothers	_ Sisters Youn			_
		Personal Informati		
1. Have you ever had a	severe emotional up	set? If so, please ex	plain briefly	
•				s name, dates and outcome.
	ign a release of informan be obtained? Yes		so that information	regarding past counseling
4. Circle any of the fol	lowing words which	best describes you n	ow.	
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	Quiet	Hard-boiled	Submissive	Sensitive
Lonely	Self-conscious	Rebellious	Independent	Angry
Depressed	Fearful			
				you retire Time you
		Health Informatio	<u>n</u>	
7. Rate your health \Box	Very Good □ Good	□ Average □ Poo	or Declining	
3. Your approximate				
Recent weight chang				

80.	List all important present or past illnesses, injuries or handicaps
1.	Date of last medical exam What was your report?
2.	Name of physician Phone
	Address
3.	Are you presently taking any medications? If so, please list name, dosage and purpose. • •
4.	Have you used drugs for other than medical purposes? □ Yes □ No Please explain briefly
5.	Have you ever been arrested? □ Yes □ No If so, please explain briefly.
<i>C</i>	Religious Background
	Denominational preference:
	What church are you presently attending? Are you a member?
	Who is your pastor? Will you permit him to be contacted for information? □ Yes □ No If "NO" please explain briefly.
0.	How often do you attend church (include Sunday school, special groups, etc.) a month?
1.	What is your religious background?
2.	Do you consider yourself a Christian? □ Yes □ No
3.	Do you pray; how much?
	Do you read your bible; how often?
1 5.	If you were to die tonight, do you know for sure you would go to heaven? □ Yes □ No

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Do	you read the Bible and pray together as a family? □ Yes □ No	
Ex	plain any recent changes in your spiritual life.	
W	Five Basic Questions	
	hat is your problem?	
W.	hat have you done about it?	
_		
W.	hat do you want us to about it? (What expectations do you have in coming here?)	
	hat brings you here at this time?	