LIFE SOLUTIONS COUNSELING CENTER
(A Ministry of Farmdale Church)

PERSONAL DATA INVENTORY
Please complete this inventory carefully

Date _____

PERSONAL IDENTIFICATION

(1) Name _____ Birth Date_____

(2) Address _____

(3) Age ____ Sex ____ Referred by _____

(4) Marital Status: Single ____ Engaged ____ Married ____ Separated ____
Divorced ____ Widowed ____

(5) Education: (last year completed) _____

(6) Home Phone _____ Business Phone _____

(7) Employer _____ Position _____ Yrs. _____

MARRIAGE AND FAMILY

(8) Spouse _____ Birth Date _____

(9) Age ____ Occupation _____ How long employed _____

(10) Home Phone _____ Business Phone _____

(11) Date of marriage _____ Length of dating _____

(12) Give a brief statement of circumstances of meeting and dating.

_____

_____

_____

(13) Have either of you been previously married _____ Who _____

(14) Information about children:

Name _____ Age___ Sex___ Living __ Yr. Ed. _____ Step-Child

Name _____ Age ___ Sex ___ Living __ Yr. Ed. _____ Step-Child

Name _____ Age ___ Sex ___ Living __ Yr. Ed. _____ Step-Child

(15) Describe relationship to your father

_____

_____

(16) Describe relationship to your mother

_____

_____

(17) Number of siblings _____ Your sibling order _____

(18) Did you live with anyone other than parents _____

(19) Are your parents living _____ Do you live locally _____

HEALTH

(20) Describe your health

_____

_____

_____

(21) Do you have any chronic conditions ___ What _____

_____

(22) List important illnesses and injuries or handicaps _____

_____

(23) Date last medical exam _____ Report _____

_____

(24) Physician's name and address _____

(25) Current Medication(s) and dosage. Please include all medicines; prescription and over-the-counter (e.g., laxatives, birth control, aspirin, cold or allergy sprays, diet pills, etc.)

_____

_____

_____

_____

(26) Have you ever used drugs for other than medical purposes _____

(27) If yes, please explain _____

_____

_____

(28) Do you drink alcoholic beverages _____ If so, how frequently and how much

_____

(29) Do you drink coffee _____ How much _____

(30) Other caffeine drinks _____ How much _____

(31) Do you smoke _____ What _____ Frequency _____

(32) Have you ever had interpersonal problems on the job _____? If yes, explain

_____

_____

(33) Have you ever had a severe emotional upset _____ If yes, explain

_____

_____

_____

(34) Have you ever seen a psychiatrist or counselor _____ If yes, explain

_____

_____

_____

(35) Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records _____

SPIRITUAL

(36) Denominational preference _____

(37) Church attending _____ Member: _____

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

(39) Do you believe in God _____ Do you pray _____

Suppose that you were to die today and stand before God and He were to say to you, "Why should I let you into my heaven? What would you say?

_____

_____

_____.

(40) How often do you read the Bible: Never Occasionally Often Daily

Explain any recent changes in your religious life _____

_____

_____

_____

_____

WOMEN ONLY (41-43)

(41) Have you had any menstrual difficulties? ____ Do you experience tension, tendency to cry, or other symptoms prior to your cycle? ____ Please explain:_____

_____

(42) Is your husband willing to come for counseling? _____

(43) Is he in favor of your coming? _____ If no, explain _____

(44) CIRCLE any of the following words which best describe you now:

active	ambitious	self-confident	persistent	nervous	hardworking
impatient	moody	kindly	often-blue	excitable	imaginative
calm	serious	easy-going	good-natured	shy	introvert
extrovert	likeable	leader	quiet	hard-boiled	submissive
spiritual	lonely	self-conscious	sensitive	other:	_____
_____	_____	_____	_____	_____	_____

(45) 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_____

PROBLEM CHECK CHART

(46) ___Anger	(63) ___Apathy	(80) ___Change in lifestyle
(47) ___Anxiety	(64) ___Bitterness	(81) ___Children
(48) ___Depression	(65) ___Sex	(82) ___Boredom
(49) ___Deception	(66) ___Sleep	(83) ___Pride
(50) ___Envy, Jealousy	(67) ___Wife Abus	(84) ___Money
(51) ___Fear	(68) ___A Vice	(85) ___Relationships
(52) ___Gluttony	(69) ___Inferiority	(86) ___Impatience
(53) ___Guilt	(70) ___Parent-Child	(87) ___Irritableness
(54) ___Health	(71) ___Decision Making	(88) ___Bizarre thinking
(55) ___Homosexuality	(72) ___Suffering (Pain)	(89) ___Discerning proper mate
(56) ___Impotence	(73) ___Laziness	(90) ___Divorce/Remarriage
(57) ___In-laws	(74) ___Drunkenness	(91) ___Suicidal Tendencies
(58) ___Appetite	(75) ___Loneliness	(92) ___Doubt/Confusion
(59) ___Memory	(76) ___Unfair Treatment	(93) ___Insomnia/Sleep loss
(60) ___Moodiness	(77) ___Self-Pity	(94) ___Handicaps (MS, etc)
(61) ___Rebellion	(78) ___Grief	(95) ___Terminal Illness
(62) ___Marital	(79) ___A hidden past	

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

(95) What is your problem (what brings you here)? _____

_____

_____

_____

_____

(96) What have you done about this problem? _____

_____

_____

_____

(97) What are your expectations from counseling? _____

_____

_____

_____

_____

(98) Is there any other information we should know? _____

_____

_____

_____

_____

(99) What is it you really want, desire or hope for? _____

_____

_____

_____

_____

(100) What are your goals, and expectations? _____

_____

_____

_____

_____

(101) What brings out the worst in you? _____

_____

_____

_____

_____

(102) What bothers you? _____

_____

_____

_____

_____

(103) What do you worry about most? _____

_____

_____

_____

_____

(104) What makes you angry? _____

_____

_____

_____

(105) What would sum up your life as being worthwhile? _____

_____

_____

_____

_____

(106) What do you think about most often? _____

_____

_____

_____

_____

(107) How did you hear about Life Solutions Counseling Center? _____

_____

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