

Surfside Christian Counseling

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PERSONAL DATA INVENTORY

Identification Data:

Date _____

Name _____

Address _____

E-mail address _____

Home phone (____) _____ Cell phone (____) _____ Business phone (____) _____

Emergency Contact Name _____ Number _____

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

Date of Birth _____ Occupation _____

Education last year completed _____ Other training _____

Referred here by _____

Spouse's Identification Data:

Name _____

Address _____

E-mail address _____

Home phone (____) _____ Cell phone (____) _____ Business phone (____) _____

Date of Birth _____ Occupation _____

Education last year completed _____ Other training _____

Is your spouse willing to come in for counseling? Yes _____ No _____ Uncertain _____

Marital Relationship Information

Have you ever been separated? Yes ___ No ___ When? _____ How Long? _____

How long have you been married? _____ Your ages when married: Husband _____ Wife _____

How long did you know each other before marriage? _____

How long did you date? _____ What was the length of your engagement _____

Briefly describe any previous marriages: _____

How long were you married? (H) _____ (W) _____

How long have you been divorced? (H) _____ (W) _____

Information about children:

Name (Child by Previous Marriage*)	Age	Sex	Living	Marital status
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If children are from previous relationship, what's the relationship like with the biological parent?

Family of Origin:

If you raised by anyone other than your parents, briefly explain:

Biological parents marital status: Married ____ Separated ____ Divorced ____ Deceased ____
How would you describe their relationship? _____

How many older siblings do you have? Brothers _____ Sisters _____
How many younger siblings do you have? Brothers _____ Sisters _____

Spiritual Background:

Did you attend church while growing up? If so, where? _____

Did your spouse attend church while growing up? _____

During a typical month, how often do you attend weekend services? _____

Are you currently attending a Small Group or Bible study? _____

Has there been a time in your life where you could say that you have become a Christ follower, or that you have trusted Christ as your Savior? _____

Have you been baptized? If so, when? _____

In the last week have you prayed: Often/Occasionally/Never _____

In the last week have you read the Bible: Often/Occasionally/Never _____

Health Information:

Rate your health: Very Good / Good / Average / Declining / Other _____

Have you experienced significant weight changes recently? _____

List important past, or present illnesses, injuries or handicaps _____

Have you seen your physician in the last year? _____

List all medications that are currently being taken: _____

Have you ever used drugs for other than medical purposes? _____

Have you ever had a severe emotional upset that resulted in successive days of crying or admission to a hospital as a result? _____

Do you have problems sleeping? _____

If you wake up at night what are you usually thinking about? _____

Personality Information:

Have you ever had psychotherapy or counseling before? Yes _____ No _____

If yes, list counselor or therapist and dates: _____

What was the outcome? _____

List 3-5 words that best describe you? _____

Diagnostic Questions:

1. What is going on in your life that brings you in today? _____

(Issues specifically identified)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

2. How have you tried to solve this issue? _____

3. What expectations do you have of coming in today? _____

4. What has prompted you to come in at this particular time? _____

5. Is there any other information we should know? _____