

**FAITH BIBLICAL COUNSELING CENTER
PERSONAL DATA INVENTORY**

Please complete this inventory carefully and thoroughly, and then mail this Personal Data Inventory along with the Confidentiality Agreement to:

**Faith Biblical Counseling Center
4907 Highway 34 East
Sharpsburg, GA 30277**

Personal Information

Today's Date ____/____/____

Name _____ Birth Date ____/____/____

Address _____ City _____ State _____ Zip _____

Age _____ Sex _____ Height _____ Referred for Counseling by _____

Marital Status (mark all that apply):

Never Married Single Going Steady Engaged Now Married ____year(s)

Now Separated ____month(s) Divorced ____time(s) Widowed

Home Phone(____) _____ Work Phone(____) _____ Mobile(____) _____

Email Address _____ Education (last level completed) _____

Other Training (list type and years) _____

Occupation _____ Employer _____ Position _____ Yrs _____

In case of an emergency, please contact: Name _____

Phone Number (____) _____

Marriage and Family

Information about Your Spouse (If never married, check here and omit this section)

Spouse's Name _____ Spouse's Birth Date ____/____/____

Spouse's Address _____ City _____ State _____ Zip _____

Spouse's Age _____ Spouse's Home Phone(____) _____

Spouse's Work Phone(____) _____ Spouse's Mobile(____) _____

Spouse's Email Address _____

Spouse's Education (last level completed) _____ Spouse's Occupation _____

Spouse's Religious Background _____

Your ages when married: You _____ Spouse _____

Date of Marriage ____/____/____ Length of Steady Dating _____ Length of Engagement _____

Give a brief statement of circumstances of meeting and dating _____

Has your spouse previously been married? Yes No # of times _____

Have you ever been separated? Yes No When? from _____ to _____

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

Rate your marriage: Unhappy Average Happy Very Happy

Give brief information about any of your previous marriages _____

Information about Your Children

Name	Age	Sex (M/F)	Living?	Education (in years)	Step-Child?	Married?	By Previous Marriage?
			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Information about Your Parents

If you were reared by anyone other than your own parents, briefly explain: _____

Is your father still living? Yes No Does he live nearby? Yes No

Where? _____

Father's Religious Affiliation _____ Father's Occupation _____

Describe your relationship with your father _____

Is your mother still living? Yes No Does she live nearby? Yes No

Where? _____

Mother's Religious Affiliation _____ Mother's Occupation _____

Describe your relationship with your mother _____

Have your parents divorced? Yes No

Rate your parent's marriage: Unhappy Average Happy Very Happy

Information about Your Siblings

Number of *older* brothers ____ *older* sisters ____ *younger* brothers ____ *younger* sisters ____

Rate your childhood: Unhappy Average Happy Very Happy

Have there been any deaths in your family during the last year? Yes No (if yes, please describe) ____

Legal

If you have talked with an attorney about your situation, or intend to, please provide:

Attorney's Name _____ Firm _____

Address _____ Phone _____

Has a legal action been filed or is one likely to be filed in this situation? Yes No

If yes, give dates and describe action _____

If you have received advice or counsel from anyone else regarding your situation, please list their name(s) and their relationship to you _____

Health History

Rate your health: Very Good Good Average Declining Other _____

Do you have any chronic conditions? Yes No What? _____

List significant illnesses, injuries or handicaps _____

Your approximate weight _____ lbs. Weight changes recently? Lost _____ Gained _____

Date of last medical exam _____ Results of examination: _____

Physician's Name _____ Phone(_____) _____

Address _____ City _____ State _____ Zip _____

Are you currently taking any prescription or over-the-counter medications? Yes No

If yes, please list name(s) and dosage(s) _____

Have you ever used drugs for other than medical purposes? Yes No

If yes, please explain _____

Have you ever been arrested? Yes No If yes, please explain circumstances _____

Do you drink alcoholic beverages? Yes No If yes, how frequently and how much?

Do you drink coffee? Yes No How frequently and how much? _____

Other caffeinated drinks? Yes No How frequently and how much? _____

Do you use tobacco? Yes No What? _____ Frequency? _____

Have you ever had interpersonal problems on the job? Yes No If yes, please explain

Have you ever had a severe emotional upset? Yes No If yes, please explain _____

Have you ever seen a psychiatrist or counselor? Yes No If yes, please explain _____

List counselor/therapist and dates _____

What was the outcome? _____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric or other medical records? Yes No

Have you ever felt people were watching you? Yes No

Do people's faces ever seem to be distorted? Yes No

Do colors sometimes seem... Too bright? Too dull?

Are you sometimes unable to judge distance? Yes No

Have you ever had hallucinations? Yes No

Is your hearing exceptionally good? Yes No

Do you have problems sleeping? Yes No

How many hours of sleep do you normally get each night? _____

Spiritual Background

Religion: None Christian Jewish Muslim Agnostic Other _____

Denominational preference _____

Church attending _____ Member? Yes No

Church Address _____

Phone(____) _____ Pastor's Name _____

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

Please describe your religious upbringing? _____

Do you believe in God? Yes No Uncertain Why? _____

How often do you pray to God? Daily Weekly Occasionally Never

How often do you read or study the Bible? Daily Weekly Occasionally Never

Would you say you are a Christian or still in the process of becoming a Christian? _____

Do you believe that when you die, you will be with God eternally? Yes No Uncertain

Why? _____

Have you been baptized? Yes No

Explain any recent significant changes in your religious life _____

What is your opinion of the Bible?

- I don't know enough about the Bible to have an opinion.
- It is a book that contains helpful principles that I am free to follow or disregard as I think best.
- It is a book that was inspired by God and that contains helpful principles and instructions I should follow unless I believe there is a good reason to do otherwise.
- It is a book that was inspired by God and that contains helpful principles, instructions, and commands that I should follow regardless of my feelings or preferences.
- Other: _____

Who, if anyone, has the most influence on your religious or spiritual life? (please list their names and their relationship to you) _____

Women Only

Have you had any menstrual difficulties? Yes No If yes, please explain _____

Is your husband in favor of your coming for counseling? Yes No

If no, please explain _____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

(Before you begin, read all 6 questions so that you can see how to organize your answers)

1. What is the main problem as you see it (what brings you here)?

2. What have you done to try to resolve this problem or dispute?

3. What issues or questions do you want to have resolved or answered?

4. What do you want us to do? (What are your hopes and expectations in coming here?)

5. As you see yourself, what kind of person are you? Describe yourself.

6. Is there any other information we should know?

PROBLEM CHECK LIST
(Please check all areas of concern or struggle)

Abortion	Divorce	Loneliness
Adultery	Drug abuse	Lust
Anger	Drunkenness	Marriage
Anxiety (worry)	Eating habits	Memory
Apathy	Envy (jealousy)	Menop ause
Appetite	Fear	Moodiness
Bitterness (resentment)	Finances	Past memories
Change in lifestyle	Grief	Perfectionism
Children	Guilt	Rebellion
Communication	Health	Sex
Conflict (fights)	Homosexuality	Singleness
Deception	Impotence	Sleep
Decision making	Infertility	Wife abuse
Dating/courtship	In-laws	_____
Depression	Laziness	_____

POSITIVE TRAITS INVENTORY

Matthew 7:1-5

Rate yourself on each of the following traits. Before each word, put the number from the rating scale, which most accurately describes you.

Rating scale: 0 = never 1 = seldom 2 = sometimes 3 = often 4 = usually

- | | |
|--|-------------------|
| ___ Loving | ___ Patient |
| ___ Honest | ___ Considerate |
| ___ Sensitive | ___ Persistent |
| ___ Good father/mother | ___ Punctual |
| ___ Works hard | ___ Disciplined |
| ___ Humble | ___ Resourceful |
| ___ Keeps his/her word | ___ Sincere |
| ___ Dependable | ___ Courteous |
| ___ Does not take advantage of others | ___ Creative |
| ___ Does not use people | ___ Decisive |
| ___ Not an opportunist (waiting for a lucky break) | ___ Efficient |
| ___ Plans ahead | ___ Flexible |
| ___ Knows where he/she is going | ___ Forgiving |
| ___ Fair | ___ Generous |
| ___ Consistent | ___ Frugal |
| ___ Perseveres | ___ Appreciative |
| ___ Admits it when he/she is wrong | ___ Hospitable |
| ___ Teachable | ___ Diligent |
| ___ Objective | ___ Discerning |
| ___ Compassionate | ___ Enthusiastic |
| ___ Cooperative | ___ Courageous |
| ___ Neat | ___ Conscientious |

NEGATIVE TRAITS INVENTORY

Matthew 7:1-5

Rate yourself on each of the following traits. Before each word, put the number from the rating scale, which most accurately describes you.

Rating scale: 0 = never 1 = seldom 2 = sometimes 3 = often 4 = usually

- | | |
|---|---|
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Embarrassing |
| <input type="checkbox"/> Arrogant/Proud | <input type="checkbox"/> Fussy |
| <input type="checkbox"/> Belittles others | <input type="checkbox"/> Gets the last word |
| <input type="checkbox"/> Bitter | <input type="checkbox"/> Rude |
| <input type="checkbox"/> Blame-shifts | <input type="checkbox"/> Gossipy |
| <input type="checkbox"/> Blows up | <input type="checkbox"/> Greedy |
| <input type="checkbox"/> Secretive | <input type="checkbox"/> Un-submissive |
| <input type="checkbox"/> Brutal/Harsh/Cruel | <input type="checkbox"/> Hateful |
| <input type="checkbox"/> Clams up | <input type="checkbox"/> Holier-than-thou |
| <input type="checkbox"/> Cliquish | <input type="checkbox"/> Unreasonable |
| <input type="checkbox"/> Closed minded | <input type="checkbox"/> Ignores counsel |
| <input type="checkbox"/> Complaining | <input type="checkbox"/> Impatient |
| <input type="checkbox"/> Conceited | <input type="checkbox"/> Impractical |
| <input type="checkbox"/> Greedy | <input type="checkbox"/> Inconsiderate |
| <input type="checkbox"/> Sarcastic | <input type="checkbox"/> Inconsistent |
| <input type="checkbox"/> Crabby | <input type="checkbox"/> Indecisive |
| <input type="checkbox"/> Critical | <input type="checkbox"/> Indifferent |
| <input type="checkbox"/> Untrustworthy | <input type="checkbox"/> Inflexible |
| <input type="checkbox"/> Deceitful | <input type="checkbox"/> Insensitive |
| <input type="checkbox"/> Demanding | <input type="checkbox"/> Reckless |
| <input type="checkbox"/> Disobedient | <input type="checkbox"/> Insulting |
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Interrupting |
| <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Selfish |
| <input type="checkbox"/> Jealous | <input type="checkbox"/> Self-willed |
| <input type="checkbox"/> Judgmental | <input type="checkbox"/> Shouting |
| <input type="checkbox"/> Lazy | <input type="checkbox"/> Ungrateful |
| <input type="checkbox"/> Unloving | <input type="checkbox"/> Snoopy |
| <input type="checkbox"/> Lying | <input type="checkbox"/> Makes Excuses |

NEGATIVE TRAITS INVENTORY (continued)

- | | |
|---|---|
| <input type="checkbox"/> Resentful | <input type="checkbox"/> Wasteful |
| <input type="checkbox"/> Manipulating | <input type="checkbox"/> Unforgiving |
| <input type="checkbox"/> Meddling | <input type="checkbox"/> Stingy |
| <input type="checkbox"/> Mischievous | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Nagging | <input type="checkbox"/> Suspicious |
| <input type="checkbox"/> Never Satisfied | <input type="checkbox"/> Unfair |
| <input type="checkbox"/> Overambitious | <input type="checkbox"/> Temper Outbursts |
| <input type="checkbox"/> Rebellious | <input type="checkbox"/> Easily offended |
| <input type="checkbox"/> Overly independent | <input type="checkbox"/> Thoughtless |
| <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Touchy |
| <input type="checkbox"/> Wishy-washy | <input type="checkbox"/> Puts off dealing with problems |
| <input type="checkbox"/> Picky | <input type="checkbox"/> Unbelieving |
| <input type="checkbox"/> Possessive | <input type="checkbox"/> Pushy |
| <input type="checkbox"/> Procrastinator | <input type="checkbox"/> Uncooperative |

Confidentiality Agreement

The undersigned are presently involved in counseling or are seeking counsel with the staff of Faith Biblical Counseling, a ministry of Faith Bible Church.

We acknowledge that according to the policies and practices of Faith Biblical Counseling and Faith Bible Church, confidentiality cannot be granted in all situations. If a threat of physical harm or report of criminal activity is made, appropriate civil authorities may have to be notified. Also if there is ongoing and unrepentant, grievous, or aggravated sin in the life of one of its counselees, the counselors of Faith Biblical Counseling reserves the right to contact the church authorities of the counselee's church.

The Bible teaches that Christians should carefully guard any personal and private information that others reveal to them. Protecting confidences is a sign of Christian love and respect (Matt. 7:12). It also discourages harmful gossip (Proverbs 16:28; 26:20), invites confession (Prov. 11:13; 28:13; James 5:16), and encourages people to seek needed counseling (Prov. 20:19; Romans 15:14). Since these goals are essential to the ministry of the gospel and the work of this counseling center and Faith Bible Church, all counselees are expected to refrain from gossip and to respect the confidences of others. In particular, our counselors shall carefully protect all information that they receive through counseling. When a pastor or counselor is uncertain of how to counsel a person about a particular problem, he or she may refer such person to (or seek the advise of) another biblical counselor.

Although confidentiality is to be respected as much as possible, there are times when it is appropriate to reveal certain information to others. In particular, when the pastors or counselors of this church believe it is biblically necessary, they may disclose confidential information to appropriate people in the following circumstances:

1. When the person who disclosed the information or any other person is in imminent danger or serious harm unless others intervene (Prov. 24:11-12).
2. When a person refuses to repent of sin and it becomes necessary to institute disciplinary proceedings or seek the assistance of individuals or agencies within the counselee's church. (Matt. 18:15-20, Rom. 13:1-5)
3. When required by law to report suspected child abuse.

We understand the confidentiality provisions as described above and agree to abide by their terms and admonitions.

Signed: _____

Date: _____

Signed: _____

Date: _____

Signed: _____

Date: _____

Counselor