

DaySpring Counseling

PERSONAL DATA INVENTORY (Adult)

IDENTIFICATION DATA:

Name _____ Address _____
City _____ State _____ Zip Code _____ Phone _____
Occupation _____ email _____ Cell _____
Sex ____ Birth Date _____ Age ____ Social Security Number _____
Marital Status: Single__ Married__ Separated__ Divorced__ Widowed__
Education (last year completed): _____
Referred here by _____
Emergency Contact Name _____ Phone _____

HEALTH INFORMATION:

Recent weight changes: Lost ____ Gained ____
Allergies to medications: _____
Primary Physician _____ Address _____
Have you used recreational drugs? Yes__ No__ What? _____
Current? _____
Present medications _____
Have you ever had any psychotherapy or counseling? Yes__ No__
If yes, list counselor or therapist and
dates: _____
Describe history of mental or emotional problems in family?

Are you willing to sign a release of information form so that your counselor may
write for helpful social, psychiatric, or medical reports? Yes__ No__
Do you smoke? Y__N__ If yes, how much per day? _____

RELIGIOUS BACKGROUND:

Denomination: _____
Church attending currently _____
Church attended in childhood _____
Religious background of spouse (if married) _____

PERSONALITY INFORMATION:

Circle any of the following words which best describe you now: active ambitious self-
confident persistent nervous hardworking impatient impulsive moody depressed
excitable imaginative calm serious easy-going shy good-natured extrovert
introvert likeable leader quiet submissive self-conscious lonely sensitive
anxious paranoid negative positive withdrawn
other _____

MARRIAGE INFORMATION: (omit this section if not married)

Name of spouse _____ Address _____
Phone _____ Occupation _____
Business Phone _____ Cell _____
Spouse's age ___ DOB _____ Education (years) ___
Is spouse willing to come for counseling? Yes ___ No ___
Have you ever separated? Yes ___ No ___
Have either of you ever filed for divorce? Yes ___ No ___ When? _____
Date of this marriage _____
How long did you know your spouse before marriage? _____
Give brief information about any previous marriages _____

Information about children:

Name	Age	Sex	School

PARENTAL FAMILY HISTORY:

If you were reared by anyone other than your parents, briefly explain: _____
Answer this section describing your own parents or parent substitute:
Still living? (yes or no) Father _____ Mother _____
Religious affiliation Father _____ Mother _____
Occupation Father _____ Mother _____
Are your parents still living together? Yes ___ No ___
Rate your parent's marriage: Unhappy ___ Average ___ Happy ___ Very happy ___
As a child, did you feel closest to your Father ___ Mother ___ Another ___
Rate your childhood life: Very happy ___ Happy ___ Average ___ Unhappy ___
Any history of alcohol/drug use or abuse? _____
Any history of sexual abuse or misconduct? _____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What is the main problem for which you are here, as you see it at this time ?

2. What have you tried in the past to help the problem?

3. What can we do to help (expectations/goals of therapy)?

