

PERSONAL DATA INVENTORY

Personal Information

Name: _____ Email: _____

Phone: (Primary) _____ (Secondary) _____

Address: _____

Personal Webpage/Blog/Social Networks: _____

Occupation/Employer: _____

Gender: _____ Birth Date: _____ Age: _____

Marital Status: Single__ Engaged: __ Married__ Separated: __ Divorced: __ Widowed __

Educational: last grade completed (pre-college): ____ college/other training (specify any degree earned): _____

Referred here by: _____ Phone: _____

Email: _____ How you know them: _____

Health Information

Rate your overall health: Great__ Good__ Average__ Declining __ Other: _____

About how much sleep do you get in an average day? _____ What time(s) do you normally sleep? _____

How long does it take you to fall asleep once you are in bed? _____

How long are you awake before you get out of bed? _____ How energetic do you feel most of the time? _____ Describe any recent changes in sleeping patterns: _____

Describe any recent weight gain or loss: _____

How many times do you eat in an average day (meals and snacks)? _____

What kind of food do you normally eat (healthy/unhealthy/dining-out/home-cooked/diet/etc)? _____

Do you regularly drink caffeine? ____ How often/how much? _____

Do you regularly use tobacco products? ____ How often/how much? _____

Do you exercise regularly? ____ How often and long? _____

Date of last medical exam: _____ Report: _____

Medications (and why): _____

Have you used drugs for non-medical reasons? ____ When/what? _____

Prior Counseling

Have you had counseling before? ____ List counselor name/profession (psychologist/pastor/etc), dates, any medications prescribed, and outcome:

Family Information

Household of origin

Basic parental/home information (Raised by one/both/someone other than parents; divorced; close/distant relationship; easy/difficult childhood and why; etc): _____

What was made a priority in your home? _____

Number of siblings (brothers/sisters, older/younger): _____

Spouse

Name _____ Email: _____

Phone: _____ Address: _____

Occupation/Employer: _____

Age: _____ Education: _____ Religion: _____

Is spouse willing to come with you for counseling? _____

Date of marriage: _____ Your ages then: _____

How long did you know spouse before marriage? _____ Length of time dating: _____

Length of engagement: _____ Have you ever been separated? _____

If so, how long and when? _____

Has either of you considered/discussed divorce? _____ Filed? _____

Has either of you been married before? _____ How many times? Husband: _____ Wife: _____

Brief information about previous marriages. Include how/why ended: _____

Children (Include children from previous marriages/relationships. Note who is parent)

Name Age Gender Living? Education Marital Status

Name	Age	Gender	Living?	Education	Marital Status

Religious/Spiritual Information

Religious/Denominational Preference: _____

Church Name: _____ Church Phone: _____

Pastor: _____ Care Group/Small Group Leader: _____

How many services do you attend in an average month? _____ Small group/Bible studies? _____

Has your attendance of church life change recently and how? _____

What have been learning there? _____

Are you involved with any ministries/community service? _____

Childhood church: _____

Spouse (write "same" if answers are the same as yours)

Religious/Denominational Preference: _____

Church Name: _____ Church Phone: _____

Pastor: _____ Care Group/Small Group Leader: _____

How many services does your spouse attend in an average month? _____ Bible studies? _____

Are you involved with any ministries/community service? _____

Childhood church: _____

Personal

Do you believe in God? ___ Do you pray to Him? ___ How often? ___ What do you pray about? _____

Do you consider yourself a religious person? ___ Are you a Christian/Christ-follower? _____

Do you read the Bible? ___ How often? _____

Are you saved? Yes ___ No ___ Maybe ___ Not sure ___ Not sure what this means _____

Will you go to heaven when you die? ___ Why or why not? _____

Explain any recent changes in your religious/spiritual life: _____

Personality Information

Do you seem to be an emotional or logical person (or somewhere in between)? Explain briefly.

Have you ever had a severe emotional upset? ____ Explain. _____

Circle any of the following that describe you right now:

active ambitious self-confident persistent nervous hardworking impulsive moody excitable imaginative
calm serious scheming easy-going lazy shy good-natured often-blue introverted extroverted likable
quiet leader hard-boiled on-edge submissive lonely self-conscious annoyed sensitive selfish
compliant fearful angry planning

In your own words, briefly describe yourself.

How would those close to you describe you? Would it be any different than your own description?

Information about the Problem

What is the problem? Why are you here? What is your greatest concern at this time?

What have you done about it?

What do you want us do about it? What are your expectations in coming here?

What lead you to seek help right now?

Is there any other information that we should know? What do we need to know to better help understand your current situation?

Consent to Counsel

Our Goal-Our goal in providing Christian counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and allow you to enjoy fully His love and His plans for your life.

Biblical Basis-We believe that the Bible provides thorough guidance and instruction for life and faith. Therefore, any counsel given will be in line with Biblical principles. Neither the counselors nor the counselors-in-training are trained or licensed as psychotherapists or mental health professionals, nor should they be expected to follow the methods of such specialists.

Not Professional Advice-Some of our counselors may work in professional fields outside the institution. When serving as counselors within this institution, however, they do not provide the same kind of professional advice and services that they do when they are hired in their professional capacities. Therefore, if you have significant legal, financial, medical or other technical questions, you should seek advice from an independent professional. Our counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant scriptural principles.

Confidentiality-Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. There are some situations, however, when it could be necessary for us to share certain information with others: when a counselor is uncertain of how to address a particular problem and needs to seek advice from another pastor/counselor; when a counselee attends a church other than New Direction it may become necessary to talk with his or her pastor/elder; when there is a clear indication that someone may be harmed unless others intervene; or when a person persistently refuses to renounce a particular sin or harmful behavior and it becomes necessary to seek the assistance of others to help that person to change. Please be assured that our counselors strongly prefer not to disclose personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible. If any information is shared, it will be in as discrete a way as possible with the understanding that said information will be kept as confidential as possible.

Resolution of Conflict-On rare occasions a conflict may develop between a counselor and a counselee. In order to make sure that any such conflicts will be resolved in a biblically faithful manner, we require all of our counselees to agree that any dispute that arises with a counselor or with this church as a result of counseling will be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court having jurisdiction.

Having clarified the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines, please talk to one of the counselors. If these guidelines are acceptable to you, please sign below

Signed: _____ Date: _____