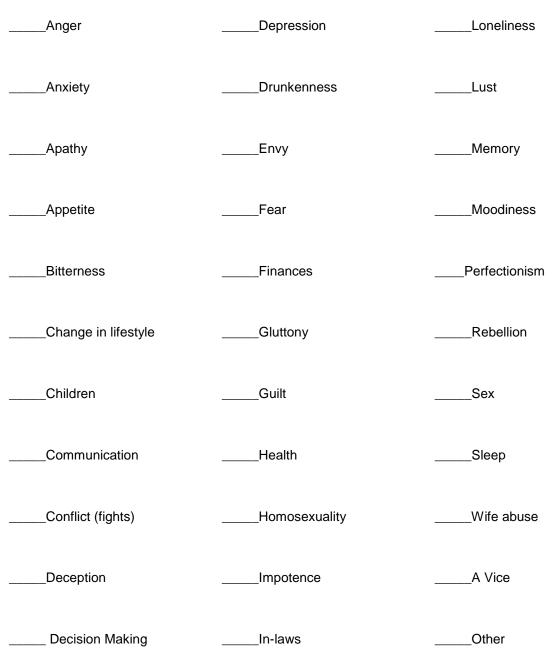
The Biblical Counseling Ministry Personal Data Inventory								
Please	complete this inventory carefully							
Personal Identification								
Name:	Birth Date:							
Address:	Zip Code:							
Age: Sex: Referr	ed By:							
	Engaged: Married: Separ Widowed:	rated:						
Education (last year completed):								
Home Phone: Wor	k Phone:							
Employer:	Position:							
Years:								
Marriage and Family								
Spouse: Birth Date:								
Age: Occupation:	How Long Employed:							
Home Phone: Wo	ork Phone:							
Date of Marriage:	Length of Dating:							
Give a brief statement of circumstand	ces of meeting and dating:							
Have either of you been previously m	narried: To Whom:							
Have you ever been separated:	Filed for divorce:							
Information about Children: Name:	Age: Sex: Living: Year E	Ed.:						
Describe relationship to your father:								

Describe relationship to you	ir mother:	
		order:
	ier man parents	
Are your parents living:	Do they live lo	ocally:
<u>Health</u>		
Describe your health:		
Do you have any chronic cc	nditions:	What:
List important illnesses and	injuries or handic	aps:
Date of last medical exam:	Report:	
Physician's name and addre	ess:	
Current medication(s) and c	losage:	
Have you ever-used drugs f	or anything other	than medical purposes:
If yes, please explain:		
Do you drink alcoholic beve	rages:	If so, how frequently and how much:
Do you drink coffee:	How much:	Other caffeine drinks:

	How much: _						-		
Do you smoke: What: Frequency:									
Have you ever had inte	erpersonal problems o	n the job:							
Have you ever had a s	severe emotional upset	::	If yes,	olease e	explair	n:	-		
Have you ever seen a psychiatrist or counselor: If yes, please explain:									
Are you willing to sign	a release of informatio	on form so	o that your	counse	lor ma	ay write		ocial,	
psychiatric, or other m	edical records:								
<u>Spiritual</u>									
Denominational prefer	ence:								
Church attending:				Me	mber:				
Church attendance pe	r month (circle): 0	1	2 3	4	5	6	7	8+	
Do you believe in God	: Do you pray:	_Would y	ou say tha	at you a	re a C	hristiar	າ:	,	
Or still in the process of	of becoming a Christian	n:						_	
Have you ever been b	aptized:								
How often do you read	the Bible: Never:	Occas	sionally:	Ofte	en:	_ Dail	y:		
Explain any recent cha	anges in your religious	life:					-		
Women Only							-		
Have you had any me	nstrual difficulties:	lf <u>y</u>	you experi	ence tei	nsion,	tender	ncy to	cry,	
other symptoms prior t	to your cycle, please ex	xplain:						_	
Is you husband willing	to come for counseling	g:							

Problem Check List



Briefly Answer The Following Questions

1. What is your problem (what brings you here)?

2. What have you done about the problem?

3. What are your expectations from counseling?

4. Is there any other information that we should know?