

NEW VISION CARE MINISTRY

BIBLICAL COUNSELING

PERSONAL DATA INVENTORY

Please complete this inventory carefully

Personal Identification

Name: _____ Birth Date _____
Address: _____ Zip Code: _____
Age: _____ Sex: _____ Referred By: _____

Marital Status:

Single: ___ Separated: ___ Engaged ___ Married ___ Divorced ___ Widowed ___
Education (highest level completed): _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Position: _____
Years: _____

Marriage and Family

Spouse: _____ Birth Date: _____
Age: _____ Occupation: _____ How Long Employed: _____
Home Phone: _____ Cell Phone: _____
Wedding Date: _____ Length of Dating: _____

Give a brief statement of circumstances of meeting and dating: _____

Have either of you been previously married: _____ To Whom: _____

Have you ever been separated: _____ Filed for divorce: _____

Information about Children:

Name: _____ Age: Sex: Living: Year Ed.: Step-Child

Describe relationship to your father: _____

Describe relationship to your mother: _____

Number of sibling(s): _____ Your sibling order: _____
Did you live with anyone other than parents: _____

Are your parents living: _____

Health

Describe your health: _____
Do you have any chronic conditions: _____ What: _____
List important illnesses and injuries or handicaps: _____
Date of last medical exam: _____ Report: _____
Physician's name and contact information: _____

Current medication(s) and dosage: _____

Have you ever-used drugs for anything other than medical purposes: _____

If yes, please explain: _____

Have you ever been arrested: _____

Do you drink alcoholic beverages: _____ If so, how frequently and how much: _____

Have you ever had interpersonal problems on the job: _____

Have you ever had a severe emotional upset: _____ If yes, please explain: _____

Have you ever seen a psychiatrist or counselor: _____ If yes, please explain: _____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records: _____

Spiritual

Denominational preference: _____

Church attending: _____

Member: _____

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

Do you believe in God: _____ Do you pray: _____ Would you say you are a Christian: _____ or still in the process of becoming a Christian: _____

Have you ever been baptized: _____

How often do you read the Bible: Never: _____ Occasionally: _____ Often: _____ Daily: _____

Explain any recent changes in your religious life: _____

Is your spouse willing to come for counseling: _____

Is your spouse in favor of your seeking counsel: _____

Issues Check List: (please circle)

Anger	Conflict	Finances	Loss of Loved One	Sleep
Anxiety	Deception	Gluttony	Lust	Spousal Abuse
Apathy	Decision Making	Guilt	Memory	A Vice
Appetite	Depression	Health	Moodiness	Other
Bitterness	Drunkenness	Homosexuality	Perfectionism	

Change in Lifestyle	Eating Problems	Impotence	Pornography	
Children	Envy	In-laws	Rebellion	
Communication	Fear	Lonliness	Sex	

Are you involved in or anticipate being involved in legal actions: _____ yes _____ no

YOUR “STOREE” INFORMATION

We are grateful to the LORD for the opportunity to meet with you and sincerely desire to understand what is happening in your life. Please now tell us your “storee.” “Storee” is a way for us to get some general information about what is going on. Your answers can be as long as you like but please give us at least a few sentences for each letter of the acronym. **(If additional space is needed, please feel free to answer the questions in a separate document.)** Thank you for your help, and we will be prayerfully anticipating our meeting.

S – Situation: What are the circumstances? What’s going on in your life? What seems to be the main problem? How do you hope we can help you?

T-Thinking: What is your typical thinking about this situation (what goes through your mind regularly)? What do you think or wonder about yourself in relation to the situation? What do you think of others in relation to the situation? What do you like to think about in general? What tends to occupy your mind?

O-Others: How are others involved? How does this issue impact others? What have others done to compound or alleviate the problem?

R-Response: What are you doing about this issue? What have you done to try to address this issue in the past? What are your typical actions or reactions to this problem (e.g. “I get angry and go for a drive”)? In general, when you are feeling pressure in life, how does it come out? What do you do? How are you sleeping?

E-Emotions: What do you fear? What makes you feel anxious? What makes you angry? What would make you happy, related to this situation? What would give you peace, related to this situation? What is the emotion you are struggling with the most?

E-Expectations: What do you desire related to the situation? What are you getting that you don't want? What do you want that you aren't getting? What do you think you need (e.g. “I need respect”)? What are you hoping will happen through counseling?