

The Jonathan Project

A Biblical Counseling Ministry

PERSONAL DATA INVENTORY

(Please completely fill out this form and bring it with you on your first visit.)

Name _____

Address _____

(Street)

(City)

(State)

(Zip)

Sex _____ Age _____ Date of Birth _____ Phone _____

Occupation _____ Education/Training _____

Referred for counseling by _____

PERSONAL HISTORY

Indicate which might have applied during your childhood and/or adolescence:

School problems _____ Family problems _____ Medical problems _____

Drug/Alcohol abuse problems _____ Social problems _____ Legal problems _____

Please explain: _____

MARITAL HISTORY

Marital Status: Single ___ Engaged ___ Married ___ Remarried ___ Separated ___

Divorced ___ Widowed ___

Present Marriage Information (if applicable)

Spouse's name _____ Age _____ Occupation _____

Spouse's religious background _____ Education _____

Date of marriage _____ Have you ever been separated from your present spouse?

If yes, please specify when: 1) _____ to _____ 2) _____ to _____ 3) _____ to _____

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Children

Name, Age and are They Living at Home (yes/no)

Your Previous Marriages (if applicable)

Date of Marriage and name of Children from this marriage

_____ to _____

_____ to _____

Spouse's Previous Marriages (if applicable)

Date of Marriages and name of Children from this marriage

_____ to _____

_____ to _____

RELIGIOUS BACKGROUND

Denominational preference _____

Church presently attended (name and address): _____

_____ Phone _____

Pastor _____ Permission to consult with pastor: Yes ___ No ___

Do you believe in God? Yes ___ No ___ Uncertain ___

Do you consider yourself "Saved"? Yes ___ No ___ Not sure what you mean ___

If you were to die and stand before God and He asked you why He should permit you to enter Heaven, how might you respond?

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How many times per week do you:

Pray _____ Read the Bible _____ Attend Worship Service _____

Complete these sentences:

I find my prayer time to be _____.

When I read the Bible I _____.

Is there someone in your personal life that you confide? Yes ___ No ___

If so, how often do you meet? _____ Is this person a Christian? Yes ___ No ___

Do you have a spiritual mentor? Yes ___ No ___ If so, how often do you meet? _____

I know the Bible: (check only one)

Not at all Very little Somewhat Very well Educated in the Bible

Do you have family devotions? Yes ___ No ___ (Family prayer, Bible reading and Hymn Singing)

If so, how often do family devotions occur? _____

MEDICAL HISTORY

Have you had any of the following physical problems? Please check.

Heart problems ___ Bulimia ___ Menstrual irregularities ___

Liver problems ___ Anorexia ___ Kidney problems ___

Visual problems ___ Hallucinations ___ Head injury/concussion ___

Sensory distortion ___ Change in sexual drive ___ Stroke ___

Weakness ___ Seizures ___ Fatigue ___

Problems walking ___ Brain tumor ___ Heat/cold sensitivity ___

Unusual hair loss ___ Multiple Sclerosis ___ Rashes ___

Parkinson's disease ___ Bowel/bladder ___ Memory problems ___

Blackouts ___ Nausea/vomiting ___ Episodic disorientation ___

Amnesia ___ Weight change ___ Tremors ___

Impotence ___ Personality change ___ Thyroid dysfunction ___

Physical change ___ Déjà vu ___ Diabetes ___

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Constant hunger ___

Changes in consciousness ___

Hypoglycemia ___

Food cravings ___

Lung problems ___

Fever ___

Headaches ___

Allergies ___

Pneumonia ___

Dizziness ___

Cancer ___

Speech Problems ___

Stiff neck ___

High Blood Pressure ___

Un-coordination ___

List previous surgeries (those which required anesthesia) _____

List all prescription and over-the-counter medications: (Include diet pills, laxatives, birth control pills, cold and allergy medicines, and aspirin) _____

What is your average daily caffeine consumption? Include coffee, tea, chocolate, stimulants, and caffeinated soft drinks. _____

How many hours of sleep do you average each night? Have there been any recent changes? Is this sleep restful? _____

Have you or others noticed any changes in your personality (anger, mood swings, withdrawal) thinking and memory, or work habits? _____

As you see yourself, what kind of person are you? (Describe yourself)

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State in your own words the nature of the main problem(s) that bring you for counseling:

When did your problems begin? Please specify a date if possible.

Please describe any significant events occurring at that time.

What have you done to try to resolve your problems(s)?
