bridgewater community church
bridgewatercc.org

Personal Data Inventory

Identification Date Date _____

Name _____ Home Phone (_____) _____
Address _____ City _____ State _____ Zip _____
Email address _____
Occupation _____ Business Phone (_____) _____
Sex _____ Birth Date _____ Age _____ Height _____
Marital Status: Single ___ Going Steady ___ Married ___ Separated ___ Divorced ___ Widowed ___
Education (last year completed): _____ (grade) _____ Other training (list type and years): _____
_____
Referred here by _____ Address _____
City _____ State _____ Zip _____ Phone (_____) _____

Health Information:
Rate your health (check): Very Good _____ Good _____ Average _____ Declining _____ Other _____
Your approximate weight _____ lbs. Weight changes recently: Lost _____ Gained _____
List all important present or past illnesses, injuries or handicaps: _____
_____
Date of last medical exam _____ Report: _____
_____
Your physician _____ Address _____
City _____ State _____ Zip _____ Phone (_____) _____
Are you presently taking medication? Yes _____ No _____ What? _____
Have you used drugs for other than medical purposes? Yes _____ No _____ What? _____
Have you ever had a severe emotional upset? Yes _____ No _____ Explain: _____
_____
Have you ever been arrested? Yes _____ No _____
Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or medical reports? Yes _____ No _____

Religious background:
Denominational preference: _____ Member _____
Church attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+
Church attendance in childhood: _____ Baptized? Yes _____ No _____
Religious background of spouse (if married) _____
Do you consider yourself a religious person? Yes _____ No _____ Uncertain _____
Do you believe in God? Yes _____ No _____ Uncertain _____
Do you pray to God? Never _____ Occasionally _____ Often _____
Are you saved? Yes _____ No _____ Not sure what you mean _____
How much do you read the Bible? Never _____ Occasionally _____ Often _____
Do you have regular family devotions? Yes _____ No _____
Explain recent changes in your religious life, if any _____
_____
_____

Please turn over

Personality Information:

Have you ever had any psychotherapy or counseling before? Yes _____ No _____

If yes, list the counselor or therapist and dates: _____

_____

What was the outcome? _____

Circle any of the following words which best describe you now:

active ambitious self-confident persistent nervous hardworking impatient impulsive moody often-blue excitable imaginative calm serious easy-going shy good-natured introvert extrovert likable leader quiet hard-boiled submissive self-conscious lonely sensitive other

_____

Have you ever felt people were watching you? Yes _____ No _____

Do people's faces ever seem distorted? Yes _____ No _____

Do you ever have difficulty distinguishing faces? Yes _____ No _____

Do colors ever seem too bright? Yes _____ No _____ Too dull? Yes _____ No _____

Are you sometimes unable to judge distance? Yes _____ No _____

Have you ever had hallucinations? Yes _____ No _____

Are you afraid of being in a car? Yes _____ No _____

Is your hearing exceptionally good? Yes _____ No _____

Do you have problems sleeping? Yes _____ No _____

Marriage and Family Information:

Name of spouse _____ Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Occupation _____ Business Phone (_____) _____

Your spouse's age _____ Education (in years) _____ Religion _____

Is your spouse willing to come in for counseling? Yes _____ No _____ Uncertain _____

Have you ever been separated? Yes _____ No _____ When? from _____ to _____

Has either of you ever filed for divorce? Yes _____ No _____ When? _____

Date of marriage _____ Your ages when married: Husband _____ Wife _____

How long did you know your spouse before marriage? _____

Length of steady dating with spouse _____ Length of engagement _____

Give brief information about any previous marriages: _____

_____

Information about children:

Name	Age	Sex	Living? Yes/No	Education (in years)	Marital Status

*check this column if child is by previous marriage

If you were reared by anyone other than your own parents, briefly explain: _____

_____

How many older siblings do you have? brothers _____ sisters _____

How many younger siblings do you have? brothers _____ sisters _____