

Personal Data Inventory

Date: _____

Name: _____ Gender: Male / Female Age: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Occupation/Employer: _____

Birth Date: ____ / ____ / ____ E-mail address: _____ Social Security #: _____

Highest level of education completed: _____

List medications w/dosages: _____

Marriage, Family & Work Information

Marital status: (Circle) Single Divorced Widow(er) Married

Name of Spouse: _____, Age: ____ Spouse's Date of Birth: ____ / ____ / ____

Address: _____ City/State: _____ Zip: _____

Phone: (____) _____ Cell Phone: (____) _____ E-mail address: _____

Spouse's Highest level of education _____ Occupation/Employer: _____

Is spouse willing to come for counseling? Yes ____ No ____ Uncertain ____, Why not? _____

Are/Have you ever been separated? Yes ____ No ____ When? _____

Date of Marriage: _____ Ages when married: Husband _____ Wife _____

How long did you know your spouse before marriage? _____

Length of steady dating: _____ Length of engagement: _____

Name of previous spouse(s) with brief information on each previous marriage; how long?; children; reason for divorce,

1. _____

2. _____

3. _____

Children's Names	Age	Gender	Living Yes/No	Highest Education Completed	Marital Status	*Previous Marriage
------------------	-----	--------	------------------	--------------------------------	-------------------	-----------------------

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Check this column if child is by previous marriage.*

OVER

Name: _____

Please complete the following in one or two sentences:

1. Describe the current problem(s) for which you seek counsel, as you understand it: _____

2. What have you done about it? _____

3. Other than counseling, what help are you seeking? _____

4. Who referred you for our counsel? _____

5. What are your expectations in coming here? _____

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

7. What, if anything, do you fear? _____

8. Is there any other information we should know? _____

Cancellation Policy: Please give at least 24-hour notice to 205-408-2787 so we can reschedule your appointment time.