

First Baptist Church of Stryker Biblical Counseling Ministry

Personal Data Inventory

(Each individual should complete their own form)

Identification Data:

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____

Birth Date _____ Age _____ Gender: ☐ Male ☐ Female ☐ Other

Occupation _____

Education: ☐ High School ☐ College ☐ Post Graduate ☐ Other: _____

Other training (list type and years): _____

Have you had therapy or counseling before? ☐ Yes ☐ No When? _____

What was the outcome? _____

Health Information:

Rate your current health: ☐ Very Good ☐ Good ☐ Average ☐ Declining

Height _____ Approximate weight _____ lbs. Recent weight changes: ☐ Loss ☐ Gain

Significant past or present illnesses, injuries or handicaps: _____

Date of last medical exam _____ Any important results: _____

Physician Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Are you presently taking prescribed medication? ☐ Yes ☐ No

Explain: _____

Have you used drugs for other than medical purposes? ☐ Yes ☐ No

Explain: _____

Have you ever had a severe emotional upset? ☐ Yes ☐ No

Explain: _____

Are you presently having any problems sleeping? ☐ Yes ☐ No

Relationship Information:

Relationship Status: ☐ Single ☐ Casual Dating ☐ Committed Dating ☐ Cohabiting
☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Does partner also seek counseling? ☐ No ☐ Yes (partner should complete separate form)

Partner's Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____

Birth Date _____ Age _____ Gender: ☐ Male ☐ Female ☐ Other

Approx. date relationship began: _____ Marriage date: _____

Have you ever been separated? ☐ No ☐ Yes When? _____

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

Have you ever been arrested? ☐ Yes ☐ No Has partner ever been arrested? ☐ Yes ☐ No

Give brief info about any previous marriages: _____

Information about children:

✓*	Name	Age	Gender	Living with you?
* Check here if child is from a previous relationship.				

Family of origin:

If raised by anyone other than biological parents, briefly explain: _____

Parents living: ☐ Father ☐ Mother Parents married: ☐ Yes ☐ No

Rate your parents' relationship: ☐ Very Happy ☐ Happy ☐ Average ☐ Unhappy

of Siblings: Brother(s) = _____ Older, _____ Younger; Sister(s) = _____ Older, _____ Younger

As a child, did you feel closest to your: ☐ Father ☐ Mother ☐ Other

Religious Background:

Prior religious experience: _____

Current place of worship: _____ *Member:* ☐ Yes ☐ No

Average attendance per month: _____ *Baptized:* ☐ Yes ☐ No

Do you consider yourself a religious person? ☐ Yes ☐ No ☐ Uncertain

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

How often do you pray to God? ☐ Never ☐ Occasionally ☐ Often

Are you saved? ☐ Yes ☐ No ☐ Uncertain

How often do you read the Bible? ☐ Never ☐ Occasionally ☐ Often

How often do you have regular family devotions? ☐ Never ☐ Occasionally ☐ Often

Have there been any recent changes in your religious life? ☐ Yes ☐ No

Explain: _____

Do you share similar religious convictions as your partner? ☐ Yes ☐ No

Explain: _____

How did you hear about FBCS's Biblical Counseling ministry? _____

Please briefly answer the following questions:

1. What brings you here? What is the main problem, as you see it? Do you feel that your situation is an emergency?
2. What have you attempted to do about it so far?
3. What can we do? What are your expectations in coming here?
4. As you see yourself, what kind of person are you? Describe yourself.
5. Is there any other information we should know?