



Personal Data Inventory New Counselee Intake Form

Please answer to the best of your ability. Any question you feel uncomfortable answering, you can leave blank and discuss with your counselor.

1. Name _____ 2. Phone _____ Cell _____
3. Email address: _____
4. Address: _____
City _____ State _____ Zip _____
5. Occupation: _____ Employer: _____
7. Birth Date: _____ 8. Sex: ☐ Male ☐ Female 9. Age: _____
10. Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced
☐ Remarried ☐ Widow
11. Education: ☐ Elementary ☐ High School ☐ GED ☐ College ☐ Graduate
Degree: _____ 12. Other Training (List type and years): _____
13. Hobbies: _____
14. Referred to us by: _____ Relationship: _____
15. If you were raised by anyone other than your parents, briefly explain:

16. How many siblings do you have? Older brothers: _____ Older Sisters: _____
Younger brothers: _____ Younger Sisters: _____

Marriage Information:

17. Name of Spouse: _____
Living at the same address as you? ☐ Yes ☐ No
Occupation: _____ Phone: _____ Age: _____
Religion: _____ Education: _____
18. Does your spouse know you are coming for counseling? ☐ Yes ☐ No
19. Is your spouse willing to come to counseling? ☐ Yes ☐ No ☐ Uncertain

20. Have you ever been separated? ☐ Yes ☐ No

When? From: _____ Till: _____

21. Your ages when married: Husband: _____ Wife: _____ Wedding Date: _____

22. How long did you know your spouse before marriage? _____

23. Length of steady dating with spouse: _____ Length of engagement: _____

24. Give brief information about any previous marriages:

Children Information:

25. List the information about your children below :

*(PM)	NAME	BIRTHDATE	SEX	LIVING? (Y/N)	EDUCATION	MARITAL STATUS
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*Check this column if child is by previous marriage

History Information:

26. Have you dealt with severe emotional struggles in your past? ☐ Yes ☐ No

27. Do you have any history of abuse in your past? ☐ Yes ☐ No

28. Have you experienced an abortion in the past? ☐ Yes ☐ No

28. Have you ever had any therapy or counseling before? ☐ Yes ☐ No If yes, list the type of counseling/therapy and dates:

What was the result of your counseling?

29. List any fears you have:

30. Have you ever been arrested? ☐ Yes ☐ No

Reason:

31. People who know me say I am:

32. If people really knew me they would say I am:

Health Information:

33. Rate your health: ☐ Very Good ☐ Good ☐ Average ☐ Declining

☐ Other (explain) _____

34. Approximately how much sleep do you get each night? _____ When do you go to sleep at night? _____ When do you get up? _____

35. How often do you exercise and what kind?

36. Your approximate: Weight _____ Height _____

37. Weight changes recently: Lost _____ Gained _____

38. Do you have any chronic medical conditions? –List and Describe below:

39. When is the last time that you have been seen by a doctor for a physical? _____

40. Are you presently taking prescription medications? ☐ Yes ☐ No

Please list the name, dosage, frequency and what it is prescribed for:

41. How often do you consume alcohol? ☐ Daily ☐ Weekly ☐ Occasionally ☐ Very little or
☐ never

42. In the past five years, have you used illegal or excessive prescription drugs? ☐ Yes ☐ No
☐ Not sure

43. How much time do you spend on social media daily? _____

44. How often do you engage in face-to-face, in-person relationships? _____

Religious Background:

45. Church attended in childhood (if any): _____ City: _____

46. What church do you now attend (if any)? _____ City: _____

47. What is the number of church activities you attend per month? _____

What kind? _____

48. Do you desire for us to contact your pastor for background information? Yes No

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

50. Do you pray to God? ☐ Yes ☐ No ☐ Occasionally

51. Are you a Christian? ☐ Yes ☐ No ☐ Uncertain

52. Have you come to the place in your spiritual life where you can say that you know for certain
that if you were to die today you would go to heaven? ☐ Yes ☐ No ☐ Not Sure

Explain why you believe this:

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

54. Does your family regularly read the Bible and pray together? ☐ Often ☐ Occasionally ☐
Never

55. Religious background of spouse: _____

56. Explain any recent changes in your religious/spiritual life, if any:

Briefly answer the following questions that help us understand your situation better:

1. Please describe the current problem, issue, or circumstance as you understand it. (What brings you to counseling at this time?)

2. What have you tried to do about this issue?

3. How do you hope counseling might help? (What are your expectations in coming here?)

4. What, if any, are your concerns about coming to counseling?

5. What do you believe will have to change to see the progress you desire?

6. Is there any other information you think we should know to help you?

***Thank you for taking the time to complete this form.
The information you have provided will enable us to better serve you.***