



Personal Information Form

Identification data: Date _____

Name _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

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: _____

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 attended 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 _____

Personality Information:

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

If yes, list counselor or therapist and dates: _____

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 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? _____

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
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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 _____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What is the main problem, as you see it? (What brings you here?)

2. What have you done about it?

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. What, if anything, is your greatest fear regarding this problem?

6. Is there any other information we should know?
