THE BRIDGE

DATE: _____ FILE#_____

PERSONAL DATA INVENTORY

Counseling appointments are available: Mon thru Thurs 9:00am - 7:00pm / Fri 9:00am - noon

Best available: Day(s):_____ Time(s):_____

PERSONAL IDENTIFICATION

(please print)

Name _____ **Birth Date**_____

Address _____ Zip Code_____

E-Mail_____ Contact Phone_____

Age_____ Gender: ☐ M / ☐ F Referred by_____

Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Education (last year completed) _____

Employer _____ Position _____ Years_____

MARRIAGE AND FAMILY

Spouse _____ **Birth Date**_____

Age _____ Occupation _____ How long employed_____

Home Phone_____ Work Phone_____

Date of Marriage_____ Length of Dating_____ Give a brief statement of circumstances of meeting and dating:

_____

_____

_____

_____

Have either of you been previously married?_____ To whom?_____

Have you ever been separated?_____ Filed for divorce?_____

Is spouse willing to come for counseling? ☐ NO ☐ YES ☐ Uncertain

Children Information:

Name	Age	Gender	Where Living	Grade	Step-Child Y/N

Describe relationship to your father: _____

_____

Describe relationship to your mother: _____

_____

Number of sibling(s): _____ **Your place in sibling order:**_____

Did you live with anyone other than parents?_____

Are your parents living?_____ **Do they live locally?**_____

HEALTH

Rate your health (check): ☐ **Very Good** ☐ **Good** ☐ **Average** ☐ **Declining** ☐ **Other**_____

Weight changes recently: Lost_____ Gained_____

Do you have any chronic conditions?_____ Explain:_____

List important illnesses and injuries or handicaps:_____

_____

Date of last medical exam:_____ **Report:**_____

Physician's name and address:_____

Current medication(s) and dosage:_____

_____

Have you ever used drugs for anything other than medical purposes?_____ If yes, please explain:

_____

_____

Have you ever been arrested?_____

Do you drink alcoholic beverages?_____ If so, how frequently and how much:_____

Do you drink coffee?_____ How much:_____ **Other caffeine drinks:**_____ How much:_____

Do you smoke?_____ What:_____ Frequency:_____

Have you ever had interpersonal problems on the job?_____

_____

Have you ever had a severe emotional upset? _____ If yes, please explain: _____

_____

Have you ever seen a psychiatrist or counselor? _____ If yes, please explain: _____

_____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records?_____

SPIRITUAL

Church attending:_____ Pastor's Name:_____

Member: ☐ YES ☐ NO Church attendance per month: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8+

Do you attend a Home Church or Small Group?_____

Do you believe in God?_____ Do you pray?_____ Would you say that you are a Christian?_____

Or still in the process of becoming a Christian?_____ Have you ever been baptized? _____

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

Explain any recent changes in your religious life:_____

_____

Are you involved in some kind of ministry at your church or elsewhere?_____

Do you financially support your church on a regular basis? ☐ YES ☐ NO

WOMEN ONLY

Have you had any menstrual difficulties?_____ If you experience tension, tendency to cry, other symptoms prior to your cycle, please explain: _____

Is your husband willing to come for counseling?_____ Is he in favor of your coming?_____ If no, please explain:

_____

_____

_____

PROBLEM CHECK LIST

- ☐ Abuse
- ☐ Adultery
- ☐ Anger
- ☐ Anxiety
- ☐ Apathy
- ☐ Appetite
- ☐ Bitterness
- ☐ Change in lifestyle
- ☐ Children
- ☐ Communication
- ☐ Conflict (fights)
- ☐ Deception
- ☐ Decision Making
- ☐ Depression
- ☐ Drugs
- ☐ Drunkenness
- ☐ Eating Disorder
- ☐ Envy
- ☐ Fear
- ☐ Finances
- ☐ Forgiveness
- ☐ Gambling
- ☐ Guilt
- ☐ Health
- ☐ Homosexuality
- ☐ Impotence
- ☐ In-laws
- ☐ Loneliness
- ☐ Lust
- ☐ Marriage Issues
- ☐ Memory
- ☐ Moodiness
- ☐ Perfectionism
- ☐ Pornography
- ☐ Rebellion
- ☐ Self Injury
- ☐ Sex
- ☐ Sleep
- ☐ Suicide
- ☐ Other_____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What circumstances led to your coming here at this point in time?_____

_____

_____

_____

2. What have you done about the problem? _____

_____

_____

_____

3. What are your expectations from counseling? _____

_____

_____

4. Is there any other information that we should know?_____

_____

_____