

PERSONAL COUNSELING DATA INVENTORY

Identification Data:

Name _____ Phone _____
Address _____
Occupation _____
Sex _____ Birth Date _____ Age _____
Marital Status: (circle) Single Engaged Married
 Separated Divorced Widowed
Education (last year completed) _____ Other _____
Referred here by _____ Phone _____

Health Information:

Rate your health: (circle) Very Good Good Average Declining

Your approximate weight _____ lbs. Weight changes recently:

Lost _____ Gained _____

List all important present or past illnesses or injuries or handicaps:

Date of last medical examination _____ Results _____

Your physician _____ Phone _____

Are you presently taking drugs or medication? Yes No

If "Yes" what are you taking _____

Do you drink? None Socially Moderately Heavily

Have you ever had a severe emotional upset? Yes No

Explain _____

Have you ever been arrested? Yes No

Have you recently suffered the loss of someone who was close to you? Yes No

Explain _____

Have you recently suffered loss from serious social, business, or other reversals?

Yes No Explain _____