

## 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 \_\_\_\_\_