

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 _____