**CALVARY BIBLICAL COUNSELING CENTER**

**PERSONAL DATA INVENTORY**

 **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**We would like to become acquainted, in order to better help you. May we ask some questions about you so that we might get to know you?**

**Your name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you hear about us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you have had counseling or therapy before, what was the outcome? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Do you believe in God?\_\_\_\_\_ Do you go to church?\_\_\_\_\_\_ How many times per month?\_\_\_\_\_\_\_\_ What is your denomination?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you know what it means to be saved?\_\_\_\_\_\_\_ Have you accepted Christ as your savior?\_\_\_\_\_\_ When?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How often do you pray?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How often do you read your Bible?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you have regular family devotions?\_\_\_\_\_\_\_ Has there been any changes in your spiritual life recently?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever been arrested? \_\_\_\_\_ May we discuss it during one of your sessions? \_\_\_\_\_\_\_\_**

**Family Information**

**What is your marital status? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Children? \_\_\_\_\_ Age(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If married, for how long?\_\_\_\_\_\_\_\_\_ Does your spouse go to church?\_\_\_\_\_\_ How often?\_\_\_\_\_\_\_\_\_ Is your spouse saved?\_\_\_\_\_ Have either of you been divorced?\_\_\_\_\_\_\_\_\_ or separated?\_\_\_\_\_\_\_­­­­\_ Briefly describe previous marriages, if any\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Describe the home you grew up in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**How is your relationship to your Immediate family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Have there been any deaths in your immediate family in the last year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Health**

**On a scale of excellent to poor, how would you rate your health? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any health issues that may be affecting your current problem?\_\_\_\_\_ May we ask what they might be?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What drugs or medications are you taking, prescription or non-prescription? (If you are using illicit drugs, abusing alcohol or prescription medications, we need to know. Your answers will be kept confidential) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many hours of sleep do you get per 24 hours on average?\_\_\_\_ Is this sleep restful?\_\_\_\_\_ Has there been any recent changes in your sleep patterns?\_\_\_\_\_ Have you or any others noticed any changes in your personality such as mood swings or withdrawal, or changes in thinking, memory or habits?\_\_\_\_\_\_**

**Counseling**

**Please describe the problem or problems that prompted you to come to us for counseling. Tell us about the problem, when it started, what was happening in your life at that time, and any other details that could help us get a better understanding of what has caused you to seek our counsel.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Instructions: email** **borfam1974@gmail.com** **or mail to 1910 Marietta Rd, Lancaster, OH 43130**