CALVARY CHAPEL
CHARLESTON

Personal Data Inventory

Today's Date:

Name_____ Sex_____ Age_____ Date of Birth ____/____/_____

Address_____ Phone _____
(Street) (City) (State) (Zip)

E-Mail _____ Cell Phone _____

Occupation _____ Education/Training_____

Business Address_____ Phone _____

Referred for Counseling by _____

Personal History

Parents: Name Age (if living) Occupation Marital Status

Father:_____

Mother:_____

Guardian (if applicable) _____Relation to you _____
Date_____to_____ Reason for Guardianship_____

Siblings: Name Age Relationship Marital Status

_____

_____

_____

_____

_____

More than Five? Yes No

Indicate which might have applied during your childhood and/or adolescence:

Emotional/behavioral problems_____ School Problems _____ Family Problems _____

Medical Problems _____ Drug/Alcohol abuse problems _____ Social Problems _____

Legal Problems _____

Has anyone in your immediate family been hospitalized or received some form of professional help for psychological problems? If so, please specify who, when they received help, and the nature of the problem.

_____

_____

_____

Occupational History

What positions have you held in the past? _____

_____

Does your present work satisfy you?_____

_____

_____

Marital History

Marital Status: Single Engaged Married Remarried Separated Divorced Widowed

Your present marriage (if applicable)

Spouse's name _____ Age _____ Occupation _____

Spouse's religious background _____Education_____

Date of marriage _____ Have you ever been separated from your present spouse?

If Yes, please specify when: 1) _____ to _____ 2) _____ to _____

Children:

Name	Relationship (son, step-daughter, etc.)	Living at Home?	Age	Marital Status	Occupation

Your previous marriages (if applicable)

Date: Children from this marriage:

_____ To _____ _____

_____ To _____ _____

Spouse's previous marriages (if applicable)

Date: Children from this marriage:

_____ To _____ _____

_____ To _____ _____

Religious Background

Denominational preference: _____

Church presently attending (name & address)

_____ Phone:_____

Pastor: _____ Permission to consult with pastor? Yes No

Do you believe in God? Yes No Uncertain

Do you consider yourself "saved?" Yes No Not sure what that means?____

If you were to die and stand before God and He asked you why He should permit you to enter Heaven, how might you respond?

_____

_____

Medical History

Have you had any of the following physical problems? Please check:

Heart Problems ____	Cancer ____	Speech Problems ____
Liver Problems ____	Bulimia ____	Poor coordination ____
Kidney problems ____	Anorexia ____	Menstrual irregularities ____
Head injury/Visual problems ____		Hallucinations ____
Concussion ____	Sensory distortions ____	Change in sexual drive ____
Stroke ____	Weakness ____	Problems walking ____
Seizures ____	Fatigue ____	Unusual hair loss ____
Brain Tumor ____	Heat/Cold ____	Rashes ____
Multiple Sclerosis ____	Sensitivity ____	Memory problems ____
Parkinson's Disease ____	Bowel/Bladder ____	Episodic disorientation ____
Blackouts ____	Problems ____	Personality change ____
Amnesia ____	Nausea/Vomiting ____	Déjà vu ____
Tremors ____	Impotence ____	Recent weight loss ____
Thyroid Dysfunction ____	Physical change ____	Changes in consciousness ____
Diabetes ____	Constant hunger ____	Headaches ____
Hypoglycemia ____	Food cravings ____	Dizziness ____
Lung Problems ____	Fever ____	Stiff neck ____
Allergies ____	Pneumonia ____	High blood pressure ____

List all prescription and over-the-counter medications: Include diet pills, laxatives, birth control pills, cold & allergy medicines, and aspirin.

What is your average daily caffeine consumption? Include coffee, tea, chocolate, stimulants, and caffeinated soft drinks.

How many hours of sleep do you average each night? Have there been any recent changes? Is this sleep restful?

Have you or others noticed any changes in your personality (anger, mood swings, withdrawal), thinking and memory, or work habits?

State in your own words the nature of the main problem(s):

- When did your problems begin? Please specify a date if possible.

- Where did the problem start?

- How did the problem start?

- What steps have been taken so far to help you correct the problem (Have you seen your pastor, counselor, for how long)?

- What can we do? (What are your expectations in coming here?)

- Do you have problem submitting to Authority (Parents, Government official, Pastor etc) Yes ( ) No ( )

  If Yes, please elaborate:

- Have you ever thought of doing any harm to yourself or others? Yes ( ) No ( )

  If yes, please elaborate:

- Do you have any definite plans and/or any means of harming yourself or others now? Yes ( ) No ( )

  If yes, please elaborate

- Are you or have you ever been involved in child abuse or sexual abuse? Yes ( ) No ( )

  If yes, please elaborate and review any help you have received:

- Are you or have you ever been involved in domestic or family violence? Yes ( ) No ( )

The information here is important to help us understand your thoughts, emotions, and behaviors.

Personality Characteristics

Highlight any of the following words which describe your feelings or behavior over the last month till now:

Active ambitious self-confident persistent nervous hardworking impatient impulsive moody often-blue excitable imaginative calm serious easy-going shy good-natured introvert extrovert likable leader quiet stubborn submissive lonely self-conscious sensitive short-tempered. Other_____

Please check how often the following thoughts occur to you:

1. Life is hopeless. ____Never ____Rarely ____Sometimes _____ Frequently
2. I am lonely. ____Never ____Rarely ____Sometimes _____ Frequently
3. No one cares for me. ____Never ____Rarely ____Sometimes _____ Frequently
4. I am a failure ____Never ____Rarely ____Sometimes _____ Frequently

5. Most people do not like me. ____Never ____Rarely ____Sometimes _____ Frequently
6. I want to die. ____Never ____Rarely ____Sometimes _____ Frequently
7. I want to hurt someone. ____Never ____Rarely ____Sometimes _____ Frequently
8. I am so stupid. ____Never ____Rarely ____Sometimes _____ Frequently

9. I am going crazy. ____Never ____Rarely ____Sometimes _____ Frequently
10. I can't concentrate. ____Never ____Rarely ____Sometimes _____ Frequently
11. I am so depressed. ____Never ____Rarely ____Sometimes _____ Frequently
12. God is disappointed in me. ____Never ____Rarely ____Sometimes _____ Frequently

13. I can't be forgiven. ____Never ____Rarely ____Sometimes _____ Frequently
14. Why am I so different? ____Never ____Rarely ____Sometimes _____ Frequently
15. I can't do anything right? ____Never ____Rarely ____Sometimes _____ Frequently
16. People hear my thoughts? ____Never ____Rarely ____Sometimes _____ Frequently

17. I have no emotions. ____Never ____Rarely ____Sometimes _____ Frequently
18. Someone is watching me. ____Never ____Rarely ____Sometimes _____ Frequently
19. I hear voices in my head. ____Never ____Rarely ____Sometimes _____ Frequently
20. I am out of control. ____Never ____Rarely ____Sometimes _____ Frequently
21. I am honest with myself. ____Never ____Rarely ____Sometimes _____ Frequently

SPECIFIC PROBLEM AREAS:

Please check any of the following that are currently troubling you:			
___Abortion/Adoption	___Depression	___Legal issues	___Pornography Use
___Addictions	___Divorce	___Loneliness	___ Compulsive Masturbation
___Alcoholism	___Eating disorder	___Loss of appetite	___Religion/Faith Issues
___Anger	___Envy /Jealousy	___Loss of control	___Separation
___Anxiety	___Family issues	___Loss of concentration	___Sexual Abuse/Rape
___Apathy	___Father issues	___Loss of energy	___Sexual Addiction
___Bitterness/Resentment	___Fear	___Loss of memory	___Sexual issues
___Burnout/Stress	___Finances/Debt	___Loss of sleep	___Single parent
___Change of lifestyle	___Forgiveness	___Loss of temper	___Singleness
___Child abuse	___Frustration	___Loss of trust _ __Marriage	___Spouse abuse
___Children/discipline	___Guilt	___Medication/Drug Issues	___Substance abuse
___Children/school	___Health/Medical	___Mid-life	___Suicidal thoughts
___Children/rebellion	___Homosexuality	___Mother issues	___Self-esteem
___Communication	___Honesty	___Panic attacks	___Rejection
___Confusion	___Infidelity	___Physical abuse	___Violence/Rage
___Crisis/Conflict	___In-Laws		___Withdrawal
___Death of loved one	___Job problems		___Worry
			___ Other (list below)

All information provided on this form as well as information disclosed during counseling sessions will be kept confidential. Our confidentiality Policy is stated on the CCC Consent Form.