cornerstone
BIBLICAL COUNSELING

A Ministry of Cornerstone Community Church

PERSONAL DATA INVENTORY

Current Date _____
Please completely fill out this form and return to the counseling office prior to scheduling your first session.
The information you provide will enable us to better serve you.

Personal

Name _____ Phone _____ Email _____

Address _____

Employer _____ Position _____ Years _____

Business Phone _____ Highest level of education completed _____

Sex _____ Birth date _____ Age _____Referred by _____

Marriage and Family

Marital Status: Single □ Married □ Remarried □ Separated □ Divorced □ Widowed □

Name of Spouse _____ Date of Marriage _____

Spouse's Age _____ Religious Affiliation _____

Is spouse aware you have come for counseling? Yes □ No □

In your current marriage have you ever been separated? Yes □ No □ When? From _____ To _____

Have either of you ever filed for divorce? Yes □ No □ When? _____

Information about Children

Child's Name	Age	Gender	Living with you? (Yes/No)	Married? (Yes/No)	By previous marriage? ✓	Adopted? ✓	Foster? ✓

Your Childhood

Is there anything significant we should know about your childhood? _____

_____

_____

_____

_____

Health Information

Rate your health: Very good □ Good □ Average □ Declining □ Other □

Date of last medical exam: _____ Results: _____

Are you presently taking medication? Yes □ No □ If yes, please list them*:

Medication	Dosage	Frequency	Prescribed for?	Date began taking?

*Attach additional page if necessary

Have you had any counseling or psychotherapy before? Yes □ No □ if yes, please explain:

Where? _____

Purpose? _____

When? _____

Have you ever had a severe emotional upset? Yes □ No □ Explain: _____

_____

Have you suffered significant loss from serious social, business, financial or personal circumstances?

Yes □ No □ Explain: _____

Have you ever been arrested? Yes □ No □ Explain: _____

_____

Please check any struggles or difficulties that you have had in the last 6 months

	Change in appetite (increase or decrease)		Problems concentrating
	Difficulty sleeping/insomnia		Low motivation
	Change in weight (increase or decrease)		Isolating from others
	Fatigue/low energy		Frequent anger
	Feelings of inferiority		Depressed mood/sadness
	Tearful/crying spells		Anxiety/fear
	Hopelessness		Panic attacks
	Bitterness		Moodiness
	Lifestyle change		Financial strain
	Pornography		Substance abuse
	Conflict in relationships		Guilt
	Homosexuality		Chronic pain
	Addiction		Self injury
	Suicidal thinking		Deceit
	Abuse (Type: _____)		Grief
	Change in sexual drive (increase or decrease)		Headaches

Religious Background

Do you regularly attend a church? Yes □ No □

Church name: _____ Denomination: _____ Are you a member? _____

Pastor: _____

Address of church: _____

Do you believe in God? Yes □ No □ Uncertain □

Have you come to the place in your spiritual life where you know with certainty that if you were to die tonight you would go to heaven? Yes □ No □ Uncertain □ If yes, when? _____

If yes, what is your basis for answering the above question as you did? _____

_____

Church attendance per month: _____ Do you read your Bible? Yes □ No □ Frequency _____

Do you pray? Yes □ No □ Frequency _____

Ministry involvement in the church: _____

Please note any recent changes in your spiritual life: _____

_____

_____

Complete the following questions. (Attach additional page if necessary)

1. Please describe the current problem(s) and when they began.

2. Please describe any significant events occurring at the time your problems began.

3. What have you done to try to resolve your problem(s)? Be specific.

4. What led you to seek help now?

5. What would you like us to do for you? What kind of help do you want from us?

6. Is there any other information we should know?

7. Because we are continually training others to be effective biblical counselors, would you agree to allow a counselor-in-training to be present during your sessions? Yes □ No □

By signing this document I am indicating that:

1. I have read the Cornerstone Biblical Counseling document, "Informed Consent and Counseling Policy," (Revised 1-5-17)

2. I understand and consent to this policy, fully intending to be bound by the same, and,

3. I am enrolling myself into biblical counseling of my own will.

_____ _____

Signature Date

_____ _____

Signature of Guardian Date
(only required if counselee is under 18 years of age)

We welcome the opportunity to minister to you in the name of our Lord and Savior, Jesus Christ.

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