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## PBC Counseling – Personal Data Inventory

Date \_\_\_\_\_

### *Personal Data*

Name \_\_\_\_\_ Primary Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Number \_\_\_\_\_

Home Address \_\_\_\_\_

Renting? \_\_\_\_\_ Own? \_\_\_\_\_ Living with others? \_\_\_\_\_ If living with others, describe \_\_\_\_\_

Age \_\_\_\_ Sex \_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Referred by \_\_\_\_\_

Marital Status (circle one):    single    married    separated    divorced    widowed    remarried

Employer \_\_\_\_\_ Years \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Education completed \_\_\_\_\_ Degree/Certificate \_\_\_\_\_

Other training \_\_\_\_\_ Weekly work hours \_\_\_\_\_

School (if a student) \_\_\_\_\_ Year \_\_\_\_\_

Hobbies \_\_\_\_\_

Other significant time commitments \_\_\_\_\_

***Marriage and Family***

Spouse \_\_\_\_\_ Primary Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Number \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

Age \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Education completed \_\_\_\_\_ Degree/Certificate \_\_\_\_\_

Give a brief statement of circumstances of meeting and dating \_\_\_\_\_

\_\_\_\_\_

Length of time you knew spouse \_\_\_\_\_ Dated spouse \_\_\_\_\_ Length of engagement \_\_\_\_\_

Age at marriage: Husband \_\_\_\_\_ Wife \_\_\_\_\_ Previously married? Yes \_\_\_\_\_ No \_\_\_\_\_

How would you describe your marriage? \_\_\_\_\_

\_\_\_\_\_

Have you or your spouse ever been separated? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you or your spouse ever filed for divorce? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give brief information regarding any previous marriages \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your spouse willing to come in for counseling? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Does your spouse support you coming for counseling? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Information regarding children:

Name	Age	Sex	Living?	In school?	Marital Status	Stepchild In home?
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Did you grow up with your parents? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain \_\_\_\_\_

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Are your parents still married? Yes \_\_\_\_\_ No \_\_\_\_\_ Are your parents still living? Yes \_\_\_\_\_ No \_\_\_\_\_

Parents' religious convictions \_\_\_\_\_

Describe your relationship with your father \_\_\_\_\_

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Describe your relationship with your mother \_\_\_\_\_

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How many brothers? \_\_\_\_\_ How many sisters? \_\_\_\_\_ Your sibling order \_\_\_\_\_

Have there been any deaths in your family during the last year? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who and when?

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***Personal History***

Have you ever been in psychotherapy or counseling before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please list counselor(s) and dates \_\_\_\_\_

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What was the outcome? \_\_\_\_\_

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Do you drink alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list what and the frequency \_\_\_\_\_

\_\_\_\_\_

Do you drink caffeinated beverages? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list what and the frequency \_\_\_\_\_

\_\_\_\_\_

Have you ever used recreational drugs (any forms of marijuana, cocaine, methamphetamines, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list what and when \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested and/or incarcerated? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other

medical records if needed? Yes \_\_\_\_\_ No \_\_\_\_\_

***Health Information***

Describe your overall health \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any chronic conditions, important illnesses, injuries, or handicaps \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have people in your life that can assist and support you in your health conditions? If yes, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last medical exam \_\_\_\_\_ Report \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a family doctor or physician you see regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

Current medications and dosage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How is your rest? \_\_\_\_\_

What are your sleep habits? \_\_\_\_\_

Please explain any difficulties you may face uniquely as a man or woman regarding your health \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Religious/Spiritual Information***

Church attending \_\_\_\_\_

Denominational preference \_\_\_\_\_ Member? Yes \_\_\_\_\_ No \_\_\_\_\_

Please note: if you are a member of a church other than PBC, your counselor(s) will typically contact your current pastor to let them know you are requesting counseling, get their input, provide details about our ministry as requested, and possibly coordinate with them. Please provide contact information for your pastor(s)

Pastor name \_\_\_\_\_ Primary Phone \_\_\_\_\_



Pastor's email address \_\_\_\_\_ Other phone \_\_\_\_\_

If you have any concerns about your counselor contacting your pastor, please explain \_\_\_\_\_

Church meeting attendance per month (circle average meetings) 0 1 2 3 4 5 6 7 8 9 10+

I do, or do not, attend church because: \_\_\_\_\_

Church attended as a child \_\_\_\_\_

Baptized? No \_\_\_\_\_ Yes \_\_\_\_\_ Immersed? No \_\_\_\_\_ Yes \_\_\_\_\_

If baptized, approximate year of baptism? \_\_\_\_\_ Where? \_\_\_\_\_

Were you a believer when baptized? \_\_\_\_\_

Are you involved in ministry? Yes \_\_\_\_\_ No \_\_\_\_\_

Denominational preference of your spouse \_\_\_\_\_

Are you and/or your spouse currently under any form of church discipline or excommunication from your current or prior church membership(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_

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***Religious/Spiritual Understanding***

Describe who God is \_\_\_\_\_

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Describe who Jesus Christ is \_\_\_\_\_

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Describe your standing/relationship with God (the Father, His Son Jesus Christ, and the Holy Spirit) \_\_\_\_\_

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What is the definition of a Christian? \_\_\_\_\_

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I am (or I am not) a Christian because \_\_\_\_\_

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Is there any doubt you will go to heaven when you die? \_\_\_\_\_

\_\_\_\_\_

If God were to ask you, "Why should I let you into heaven?", how would you answer? \_\_\_\_\_

\_\_\_\_\_

What is your definition of sin? \_\_\_\_\_

\_\_\_\_\_

What sins do you struggle with the most? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you handle sin in your life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you handle guilt? \_\_\_\_\_

\_\_\_\_\_

Do you pray? Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency \_\_\_\_\_

If you pray, what do you tend to pray about the most? \_\_\_\_\_

Do you read the Bible? Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency \_\_\_\_\_

What do you believe about the Bible? \_\_\_\_\_

I allow/I do not allow Christians to be involved in my life because \_\_\_\_\_

Do you conduct or participate in regular family devotions? Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency \_\_\_\_\_

Have you and/or your spouse ever been discipled (one-one instruction on the Christian life and theology)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Explain any recent changes in your religious/spiritual life \_\_\_\_\_

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The changes I would like to make in my life are \_\_\_\_\_

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By answering these questions, what have you learned about you and (if applicable) what have you learned about your spouse? What changes do you intend to make?

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What do you seek to accomplish in life? \_\_\_\_\_

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Name the three greatest **positive** influences on your spiritual life.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Name the three greatest **negative** influences on your spiritual life.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

***Personality Dynamics***

*Circle those below that apply to you*

Active  
Ambitious  
Self-confident  
Persistent  
Nervous  
Hardworking  
Impatient  
Impulsive  
Moody  
Often blue  
Excitable  
Anxious

Imaginative  
Calm  
Serious  
Easy going  
Shy  
Good natured  
Introvert  
Extrovert  
Likeable  
Leader  
Restless  
Hyperactive

Quiet  
Easily angered  
Submissive  
Self-conscious  
Lonely  
Sensitive  
Energetic  
Tired  
Defeated  
Positive  
Hopeless  
Others you would add:

**Problem Identification**

For this table of characteristics, please indicate their level of impact to you: blank = no impact; 1 = mild impact; 2 = moderate impact; 3 = severe impact.

Anger	Discouraged/downcast	Memory
Anxiety	Drunkenness	Moodiness
Apathy	Envy	Overwhelmed
Appetite	Fear	Perfectionism
Bitterness	Finances	Pornography
Change in lifestyle	Gluttony	Procrastination
Children	Guilt	Rebellion
Communication	Hallucinations	Same sex attraction
Conflict (fights)	Health	Sexual Immorality
Control	Homosexuality	Sex in marriage
Deception	Impotence	Sleep
Decision making	In-laws	Spouse abuse
Depression	Laziness	Time usage
Disciplined living	Lust	Weary
Disorganization	Marriage	Other

Have you or others noticed any changes in your personality? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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Have you ever had a severe emotional upset? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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Have you recently suffered loss from serious social, business, or other reversals?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you recently suffered loss of someone who was close to you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What problem or concern bring you to counseling? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When did your difficulty begin? \_\_\_\_\_

\_\_\_\_\_

What have you done about your difficulty? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your expectations from counseling? \_\_\_\_\_



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Have you shared this problem or any others with your pastor and/or other mature members of your church? If yes, please explain who. If no, please explain your concerns about doing so.

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Do you have anything of which you are fearful? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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Is there any other information we should know? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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Thank you for your thoughts and details to help us help you.