



***Nauset Baptist Church
1050 Great Pond Road
P. O. Box 1335
North Eastham, MA 02651
(508) 255-2709***

FOR OFFICE USE ONLY
Date received _____
Counselor _____

Personal Data Inventory

Identification Data:

Name:

Phone:

Work Phone:

Address:

Occupation:

Sex:

Birth Date:

Age:

Height:

Weight:

Marital Status: Single: Going Steady: Engaged: Married: Separated: Divorced: Widowed:

Education: (last year/grade completed)

Other training: (list type and years)

Referred here by:

 Their Address:

Health Information:

Rate your health: (check one)

 Very Good:

 Good:

 Average:

 Declining:

 Other:

Weight changes recently: Lost?: Gained?:

List all important present or past illnesses, injuries or handicaps:

Date of last medical examination:

Report:

Your physician:

Address:

Are you presently taking medication? If yes, what?

Have you ever had a severe emotional upset? Explain

Religious Background:

Your present church:

Are you a Member?

Church attendance per month, 0 2 3 4 5 6 7 8 9 more?

Have you been baptized?

Were you Baptized as an, Adult, Child or Infant?

Church attended in childhood:

Religious background of spouse: (if married)

Are you interested in spiritual matters? (Yes, No, Uncertain)

Do you believe in God? (Yes, No, Uncertain)

Do you pray to God? (Never, Occasionally, Often)

Are you saved? (Yes, No, Not sure, Not sure what that means)

How much do you read the Bible? (Never, Occasionally, Often)

Do you personally have daily periods of worship? (Yes, No)

Do you have regular family worship in the home? (Yes, No)

Note any recent changes in your spiritual outlook:

Do you have an attorney?

Name:

Phone:

Have you ever had any psychotherapy or counseling before?

If yes, list counselor/therapist and dates:

What was the outcome?

√ next to any of the following words which best describe you now:

active	often-blue	likeable
ambitious	excitable	leader
self-confident	imaginative	quiet
persistent	calm	hard-boiled
nervous	serious	submissive
hardworking	easy-going	spiritual
impatient	shy	self-conscious
impulsive	good-natured	lonely
moody	introvert	sensitive
kindly	extrovert	content
		other:

Have you ever felt people were watching you?

Do people's faces ever seem distorted?

Do you ever have difficulty distinguishing faces?

Do colors ever seem too bright?

Are you sometimes unable to judge distances?

Have you ever had hallucinations?

Are you afraid of being in a car?

Is your hearing exceptionally good?

Do you have problems sleeping?

Do you smoke? (Not at all: Rarely: Occasionally: Often:)

Do you drink alcoholic beverages? (Not at all: Rarely: Occasionally: Often:)

Do you use caffeine (coffee, tea, 'Coke', etc.)? Not at all: How much?

Marriage and Family Information:

Name of spouse:

Phone:

Address:

Work Phone:

Spouse's age:

Occupation:

Religion:

Education:(in years)

Is your spouse willing to come for counseling? (Yes, No, Uncertain)

Have you ever been separated? Yes:___ No:___

When? From: to:

Has either of you ever filed for divorce?

When?

Date of Marriage:

Your ages when married: Husband: Wife:

How long did you know your spouse before marriage?

Length of steady dating with spouse:

Length of engagement:

Give brief information about any previous marriages for either of you:

Information about children:

PM*	Name	Date of Birth	Sex	Living Yes/No	Education in years	Marital Status

*Check this column if child is by a previous marriage.

Were you brought up by anyone other than your own parents?

If yes, explain briefly:

How many older **brothers** do you have?

How many older **sisters** do you have?

How many younger **brothers** do you have?

How many younger **sisters** do you have?