# WALSH COUNSELING CENTER - PERSONAL DATA INVENTORY IDENTIFICATION DATA:

Name Phone

Occupation Business Phone

Cell Phone Email

Age Sex

# MARRIAGE AND FAMILY INFORMATION

Spouse’s name

Spouse’s Occupation Spouse’s Age

Spouse’s Education (last year completed): (grade)

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

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\_\_\_

\_\_\_

Have you ever been separated? Yes No When?

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\_\_\_

Date of marriage Your ages when married? Husband Wife

How long did you know your spouse before marriage?

# Information about children

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PM\* | Name | Age | Sex | Living  Yes or No | Education In years | Marital Status |
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**\***Check this column if child is by previous marriage.

# RELIGIOUS BACKGROUND

Denominational preference: Member of:

Church attendance: How often do you attend?

Baptized? Yes No

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\_\_\_

If you were to die and stand before God today and He asked you, “Why should I let you into heaven?” What would you answer Him?

Religious background of spouse (if married)

Do you pray to God? Never Occasionally Often

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\_\_\_

\_\_\_

How much do you read the Bible? Never Occasionally Often Do you have regular family devotions? Yes No

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Explain recent changes in your religious life, if any

# HEALTH INFORMATION:

Rate your health:

Very Good Good Average Declining

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\_\_\_

\_\_\_

\_\_\_

Are you presently taking medication? Yes No

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\_\_\_

What Medicines?

Have you used drugs for other than medical purposes? Yes No

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\_\_\_

What? Date used most recently?

Have you ever been arrested? Yes No

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\_\_\_

Have you recently suffered the loss of someone who was close to you?

Yes No Explain

\_\_\_

\_\_\_

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

Yes No Explain

\_\_\_

\_\_\_

Have you suffered from physical or sexual abuse?

Yes No Explain

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\_\_\_

# MENTAL HEALTH INFORMATION

Have you ever had any psychotherapy or counseling before? Yes No

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\_\_\_

If yes, explain about this, i.e., how many times, what reasons, etc.

**BRIEFLY ANSWER THE FOLLOWING QUESTIONS: (continue on the back if necessary)**

1. How would you describe your problem?
2. What have you done about it?
3. What can I do? (What are your expectations in coming here?)
4. As you see yourself, what kind of person are you? Describe yourself.
5. What, if anything, do you fear?
6. What do you want most in life right now?
7. Is there any other information you think it is important for me to know?
8. What times during the week are you available to come in for counseling? Please list the *specific* days of the week and hours of the day that you are available. Prepare for at least one-hour sessions.