


Timberlake Biblical Counseling and Training Center



Personal Data Inventory

Client #: _____

Dr. Bryan Ferrell
Executive Director of Counseling
Certified Biblical Counselor

Dr. Mark Hager
Director of Counseling
Certified Biblical Counselor



Personal Data Inventory

I. GENERAL INFORMATION

Last Name _____ First _____ M.I. _____ Date _____
 Street Address _____ Apartment/Unit # _____
 City _____ State _____ ZIP _____
 Cell Phone _____ Home Phone _____ Permission to leave a message? Yes No
 Email _____ Birthdate ___/___/___/ Age _____ Gender Male Female
 Permission to contact via email? Yes No Education (highest level completed) _____
 Degree/Certificates _____ Other Training _____
 Employer (current or last) _____ Position _____ Years Employed Here: _____

II. MARITAL STATUS (CHECK ALL THAT APPLY)

Single Dating Engaged Married Divorced
 Separated Widowed Remarried Living together & unmarried
I consider myself: Heterosexual Bisexual Homosexual Not sure

III. HEALTH INFORMATION

My Health Is: Very Good Good Average Less-than-average Poor

Current health issues: _____

Primary Physician (name & facility) _____

Date of Last Medical Examination _____ Report _____

Are you currently taking medications? Yes No If yes, please list below.

Medication	Dosage	Frequency	Reason for use

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

Do you drink alcoholic beverages? Yes No How much in one week? _____

Do you smoke? Yes No What? _____ How often? _____

Approximately how many hours of sleep do you get each night? _____

When do you normally: go to bed? _____ Fall asleep? _____ Wake up? _____ Get out of bed? _____

If there is a length of time between going to bed and falling asleep, what do you do during that time? _____

If there is a length of time between your waking up and getting out of bed, what do you do during that time? _____

Describe any recent changes in sleep habits: _____

Daily caffeine consumption: _____

Recent weight changes: Gained Lost Reason for change: _____

IV. WOMEN ONLY

Have you had any menstrual difficulties? Yes No Explain: _____

Do you experience tension, tendency to cry, or other symptoms prior to your cycle? Yes No Explain: _____

Do you think your responses or reactions are due to menstrual difficulties? Yes No

V. FAMILY HISTORY

Name of Father: _____ Living? Yes No Name of Mother: _____ Living? Yes No

Describe parent's involvement in your life: _____

Parents (check all that apply) Never Married Married Separated Divorced Remarried

Your age when parents separated: _____ Your age when parents divorced: _____

Were you raised by anyone other than your biological parents? Yes No If so, please explain _____

List your siblings from oldest to youngest, including yourself. Mark step-siblings with an asterisk (*) _____

VI. MARRIAGE INFORMATION

Name of Spouse _____ Age _____ Religion _____

Education _____ Employer/Occupation _____

Wedding date _____ Age when married: You _____ Your Spouse _____

Length of dating relationship _____ Length of engagement relationship _____

Briefly describe your relationship: _____

Are you currently separated? Yes No Separation Date _____

Have you ever been separated? Yes No How many times? _____

How long was each separation? _____

Reason for separation(s)? _____

Has either of you ever filed for divorce? Yes No When? _____ Who? _____

Has either of you been married before? Husband Yes No How many? _____

Wife Yes No How many? _____

If you were married before, what is the reason(s) the marriages(s) ended? _____

VII. CHILDREN INFORMATION

PM*	Name	Age	Sex	Living? Yes or No	Education in years	Marital Status	Living with you? Yes or No
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

*Check column if child is by previous marriage of either spouse.

Other Pregnancies (that you fathered or carried): _____ # of miscarriages: _____ # of abortions: _____

VIII. RELIGIOUS BACKGROUND

What religion do you associate with: _____ Non-religious

Denomination/sect preference, if any: _____

Church presently attending: _____

Church Address: _____ Pastor's Name _____

Are you a member? Yes No Describe your current involvement: _____

How long have you attended? _____ Does your family attend with you? Yes No

Does your pastor know of your decision to seek biblical counseling? Yes No Permission to consult with pastor? Yes* No

Have you ever been/are you under church discipline? Yes No If so, what church? _____

Names of previous churches and reason for leaving: _____

Baptized? Yes No If you were baptized after infancy, what was your age? _____

Father's Religion: _____ Mother's Religion: _____

* If yes, please complete the CC109 – Information Release Form

Describe your own understanding of God: _____

Explain who Jesus is. _____

What is the Bible? _____

Do you believe the Bible is the Word of God and has authority in your life? Yes No

Do you have a relationship with Jesus Christ? If so, how did this relationship come about? _____

Are you forgiven by God? Yes No Not sure Would you go to heaven if you died? Yes No Not sure

Do you pray to God? Never Occasionally Often How frequently do you read the bible? Never Occasionally Often

Bible reading or prayer with your spouse and children? Never Occasionally Often

Please explain any recent changes in your spiritual life: _____

God's expectations of you currently: _____

Greatest spiritual need today: _____

IX. PROFESSIONAL SERVICES

*Please list all past and current counselors, therapists, psychologists, and psychiatrists you have seen.

<u>Professionals Name</u>	<u>Dates: Start to Finish</u>	<u>Medication Prescribed</u>	<u>Outcome</u>

X. BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What is the problem or concern that brings you here today?

2. What have you done about this problem?

3. What are your expectations from counseling?

4. Is there any other information we should know about?

I have read and understand the counseling information provided and filled out this form truthfully and to the best of my ability. I understand that the staff counselors are not psychologists or psychiatrists, and may not be state licensed under the state of Virginia statutes. I understand that the counsel is foundationally biblically based. I also understand that:

- 1) Most of the counselors will possess a biblical certification from various certifying agencies, and some may possess additional higher education in counseling.*

- 2) *Some counselors may be assisted by intern counselors who are working toward their biblical counseling certification (these are students trained and spiritually prepared to counsel).*
- 3) *Some counselors may be student counselors that are in their biblical certification process and specifically requested by the counselee.*

I also understand that confidentiality of my problem(s) and circumstances will be respected by the counselor(s) and the counseling staff of Timberlake Biblical Counseling and Training Center, or the Elders and/or Pastoral staff of Timberlake Baptist Church. I further understand and agree that intern counselors may be required to discuss my problem(s) with the counseling director and/or another member of the staff when needed. My signature below affirms that I have read and agree with the above consent and statement.

Name: _____ Signature: _____
(Clearly print full name)

Date: _____ Counselor: _____