

**CHRISTIAN COUNSELING**

**Rebekah Prewitt, MA**

*234 SE Rachel Way ♦ Lake City, FL ♦ 32025*

*Tele.: (407) 731-9998 ♦ Email: [rp@lakecitycounsel.com](mailto:rp@lakecitycounsel.com)*

*Website: [lakecitycounsel.com](http://lakecitycounsel.com)*

**PERSONAL DATA INVENTORY SHEET**

**IDENTIFICATION DATA:**

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

Email: \_\_\_\_\_

May I text you at the above phone number or email you between sessions if need be: Yes \_\_\_ or No \_\_\_

Address \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Job Title \_\_\_\_\_ Company's Name \_\_\_\_\_

Work hours: \_\_\_\_\_ Days off: \_\_\_\_\_

Education (highest level completed): \_\_\_\_\_

Marital Status (check one):  *Single*  *Going Steady*  *Married*  *Separated*  *Divorced*  *Widowed*

**HEALTH INFORMATION:**

Rate your health (check one):  *Very Good*  *Good*  *Average*  *Declining*

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

\_\_\_\_\_  
\_\_\_\_\_

Are you presently taking medication? Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_

\_\_\_\_\_

Have you or are you currently using drugs for other than medical purposes? Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_

\_\_\_\_\_

Have you recently suffered the loss of someone who was close to you? Yes \_\_\_ No \_\_\_

Have you recently suffered loss from serious social, business, or other reversals? Yes \_\_\_ No \_\_\_

**RELIGIOUS BACKGROUND:**

Church you attend \_\_\_\_\_

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

Do you consider yourself a religious person? 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 what you mean* \_\_\_

How much do you read the Bible? *Never* \_\_\_ *Occasionally* \_\_\_ *Often* \_\_\_

Do you have regular family devotions? Yes \_\_\_ No \_\_\_

Explain recent changes in your religious life, if any \_\_\_\_\_

\_\_\_\_\_

Parents religious background:

Father \_\_\_\_\_ Mother \_\_\_\_\_

Do you belong to any clubs or organizations? Yes \_\_\_ No \_\_\_

**PERSONALITY INFORMATION:**

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

If yes, list counselor or therapist and dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**MARRIAGE AND FAMILY INFORMATION:**

Name of spouse \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Company's Name \_\_\_\_\_

Your spouse's age \_\_\_\_\_ Education (in years) \_\_\_\_\_ Religion \_\_\_\_\_

Is 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? *Yes* \_\_\_ *No* \_\_\_ When? \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Your age when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_

Length of engagement \_\_\_\_\_

Religious background of spouse's parents:

Father \_\_\_\_\_ Mother \_\_\_\_\_

Information about children:

PM*	Name	Age	Sex M/F	Living Yes/No	Education in years	Marital status

\* Check this column if child is by previous marriage

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

- 1. What is your problem?
- 2. What have you done about it?
- 3. What can we do? (What are your expectations in coming here?)

Referred here by: \_\_\_\_\_