

Matthew E. Magee Biblical Counseling
Personal Data Inventory

Please complete **ALL** sections completely, accurately, and honestly. Do not leave any item unanswered (if not applicable, write "N/A"). When completed please either **email to matthew@matthewemagee.com** (bring original with you at your first meeting if meeting in person).

IDENTIFICATION INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Phone: _____ DOB: _____

Text OK at above number? Yes No Email: _____

Gender: _____ Marital Status: _____

Highest Level of Education Achieved: _____

Employer: _____

Work Schedule: _____

Referred By: _____

REASON FOR SEEKING BIBLICAL COUNSELING

Why do you desire to meet with a biblical counselor? _____

How long has this issue existed? _____

Were there any significant events occurring in your life/family's life when this issue began? _____

Who have you spoken to regarding this issue and what has happened as a result? _____

What have **you** done about this issue? _____

How would things be different for you if the issue were remedied? _____

What are your expectations in coming to counseling? How do you think we can help you? What results are you expecting in coming here for biblical counseling? _____

In what way(s) have **you** contributed to the problem? _____

MARRIAGE & FAMILY

How many siblings do you have and which number are you in the order? _____

What is your parents' marital status? _____

Spouse's Name: _____ Phone: _____

Spouse's Email: _____ Text OK at above number? Yes No

Spouse's Address (if different than above): _____

City: _____ Zip: _____

Spouse's Highest Level of Education Achieved: _____

Spouse's Employer: _____

Spouse's Work Schedule: _____

Date of Marriage: _____ Age When Married: (H)_____ (W)_____

Length of acquaintance before committing to exclusive dating? _____

Length of exclusive dating and/or engagement before marriage? _____

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

Have you ever been separated from your spouse? Yes No If yes, when/length: _____

Have either of you ever filed for divorce? Yes No If yes, when/date: _____

Give a brief description of any previous marriage(s): _____

How many siblings does your spouse have and which number is s/he in the order? _____

What is your spouse's parents' marital status? _____

CHILDREN

PM*	Name	Age	Gender	Education / Grade	Marital Status

* Check this column (PM) if the child is from a previous marriage.

PARENTING

What type of instruction in Christian living is given in your home and by whom? _____

Who does the disciplining in your home? _____

For what behaviors are your children disciplined? _____

What methods of discipline are currently being used? _____

How do you and your family members communicate love to each other? _____

PERSONALITY

Check **any** of the following words that best describe you **now** (cont'd on next page):

<input type="checkbox"/> Active	<input type="checkbox"/> Hardworking	<input type="checkbox"/> Shy	<input type="checkbox"/> Leader	<input type="checkbox"/> Compulsive
<input type="checkbox"/> Nervous	<input type="checkbox"/> Likable	<input type="checkbox"/> Impulsive	<input type="checkbox"/> Follower	<input type="checkbox"/> Excitable
<input type="checkbox"/> Impatient	<input type="checkbox"/> Self-Conscious	<input type="checkbox"/> Often Blue	<input type="checkbox"/> Sarcastic	<input type="checkbox"/> Serious
<input type="checkbox"/> Moody	<input type="checkbox"/> Jealous	<input type="checkbox"/> Calm	<input type="checkbox"/> Ambitious	<input type="checkbox"/> Easygoing
<input type="checkbox"/> Imaginative	<input type="checkbox"/> Self-Confident	<input type="checkbox"/> Extroverted	<input type="checkbox"/> Persistent	<input type="checkbox"/> Quiet
<input type="checkbox"/> Introverted	<input type="checkbox"/> Good-Natured	<input type="checkbox"/> Fearful	<input type="checkbox"/> Loner	<input type="checkbox"/> Stubborn

Any other descriptions? _____

Complete the following sentences:

People who know me think that I am: _____

If they knew the "real me," they would know that I am: _____

What I desire more than anything else in life is: _____

What I fear most in life is: _____

The person I admire most in life is: _____

Because: _____

Is there any other information you would like us to know? _____

HEALTH

Rate your health: Excellent Good Fair/Avg Poor

Weight changes recently: None Lost (_____ lbs) Gain (_____ lbs) Since (date): _____

List all important (present or past) illnesses, injuries, or disabilities: _____

Date of last medical exam: _____

*Physician: _____ Phone: _____

***We will not contact him/her without your permission via a consent to release information release form.**

Please list any medication(s) you are presently taking:

Name	Strength	Dose

Have you used any drugs for other than medical purposes: Yes No

If yes, please explain: _____

Have you ever had any counseling before: Yes No

If yes, when? _____

Where/With Whom? _____

For what purpose? _____

Do you believe that issue was fully resolved? Yes No Do you have any problems sleeping? Yes No

If yes, please explain, including any methods used to address the issue: _____

If determined necessary, are you willing to sign a release so your biblical counselor may write for medical or counseling reports from your current or previous providers? Yes No

RELIGIOUS BACKGROUND

What church do you attend: _____

How often do you attend: _____ per _____
 times week, month, year

Are you a member: Yes No

Do you consider yourself a religious person? Yes No Uncertain

Do you believe in God? Yes No Uncertain

Do you believe Satan exists? Yes No Uncertain

Have you ever “dabbled” with the “Occult” (Seances, devil worship, witchcraft, etc.)? Yes No Uncertain

If yes, please describe: _____

Would you consider yourself a Christian? Yes No Uncertain

Or would you say you are still in the process of becoming Christian? Yes No Uncertain

What ministries/activities are you involved in at church and what is your role? _____

How often do you read the Bible? _____

Do you have a regular time of devotions? Yes No Uncertain

How often do you pray? _____

Describe your relationship with Christ: _____

What church did you attend as a child? _____

What was your religious experience as a child? What was your home environment like in regard to Christianity, the Bible, and the Church? _____

Explain any recent changes (if any) in your religious life? _____

Religious background of spouse: _____

OTHER

Have you ever been arrested? Yes No If yes, please describe: _____

Have you ever suffered the loss of someone who was close to you? Yes No If yes, please describe:

Have you ever had a problem with alcohol or drug abuse (prescription or non-prescription)? Yes No

If yes, please describe: _____

Have you ever had a severe emotional upset? Yes No (If yes, please describe below.)

Have you ever been abused as a child or as an adult (physical, sexually, emotional, etc.)? Yes No

If yes, please describe: _____

Anything else you would like to add.
