

HCC Personal Data Inventory

Date _____

GENERAL INFORMATION

Name: _____ Phone: (____) _____

Cell: (____) _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Sex: _____ Age: _____ Date of Birth: _____

Occupation: _____ Place of Business: _____ Phone: (____) _____

Marital Status (circle): Single Engaged Married Separated Divorced Widowed (How long? _____)

Education (circle year completed): Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 5 6 +

Major: _____ Other Training (list types): _____

Referred here by: _____

HEALTH INFORMATION

Rate your current physical health (circle): Good Average Declining Poor

Height: _____ Weight: _____ Recent weight changes: Lost: _____ Gained: _____

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

Date of last medical examination: _____ Results: _____

Physician's name: _____

Have you ever had a severe emotional upset? Yes No If yes, please explain: _____

Have you ever had a problem with alcohol or drug abuse (prescription or non-prescription)? _____

Have you ever been physically abused, either as a child or as an adult? _____

Have you ever been sexually molested, either as a child or as an adult? _____

Have you seen a psychologist, psychiatrist and/or counselor? _____

If yes, please list counselors and therapists with dates: _____

Are you willing to sign a release of information form so that your counselor may write for helpful social, psychiatric, or medical report? Yes No

Have you ever been arrested? Yes No If yes, for what reason? _____

Have you ever used drugs for any reason other than medical reasons? Yes No

Are you currently taking medication? Yes No Prescribed? Yes No By whom? _____

Over-the-counter? Yes No If taking prescribed or over-the counter medication, what medication and dosage? _____

Please see reverse

RELIGIOUS BACKGROUND

Current church you attend (if any): _____ Member? Yes No

Pastor: _____ Phone: (____) _____

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

Church attended in childhood: _____

Religious background and current church attended by spouse, if married: _____

Are you saved? Yes No Unsure Have you ever been baptized? Yes No

How often do you read the Bible? _____

Explain any significant religious changes in your life (if any): _____

How would you describe your personal relationship with Jesus Christ? _____

MARRIAGE INFORMATION

Check if never married and proceed to "Information About Children" section below.

Name of Spouse: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Place of Business: _____ Phone: (____) _____

Spouse's age: _____ Education (yrs.): _____ Is your spouse willing to come in for counseling? Yes No

Have you ever been separated? Yes No When? From _____ To _____

Has either of you filed for divorce? Yes No 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: _____

Is this your first marriage? Yes No Give brief information about any previous marriages: _____

INFORMATION ABOUT CHILDREN

*Prev	Name	Age	Gender	Living at home?

* Check this box, if child is from a previous relationship.