LIFEPOINT CHURCH

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Golpc.org
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LPC Counseling – Personal Data Inventory

Date _____

Personal Data

Name_____ Primary Phone_____

Email Address _____Cell Number _____

Home Address _____

Age ____ Sex _____ Birthdate (mm/dd/yyyy) _____ Referred by: _____

Marital Status (Check one): single☐ married☐ separated☐ divorced☐ widowed☐ remarried☐

Employer _____ Years _____

Occupation _____Business Phone _____

Education completed _____ Degree/Certificate _____

Other training _____ Weekly work hours _____

School (if a student) _____ Year _____

Hobbies _____

Other significant time commitments _____

Marriage and Family

Spouse _____ Primary Phone_____

Email Address _____ Cell Number _____

Home Address (if different) _____

Age _____ Birthdate (mm/dd/yyyy) _____ Date of Marriage _____

Occupation _____ Business Phone _____

Education completed _____ Degree/Certificate _____

Give a brief statement of circumstances of meeting and dating

_____

Length of time you knew spouse _____Dated spouse _____ Length of engagement_____

Age at marriage: Husband _____Wife _____Previously married? Yes☐ No☐

Have you or your spouse ever been separated? Yes☐ No☐ If 'yes', please

provide details

_____

Have you or your spouse ever filed for divorce? Yes☐ No☐ If 'yes', please provide details

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Give brief information regarding any previous marriages

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

Does your spouse support you coming for counseling? Yes☐ No☐ Uncertain☐

Information regarding any children:

Name	Age	Sex	Living?	Year Ed.	Marital Status	Step-child	In home?

Did you grow up with your parents? Yes☐ No☐ If no, briefly explain

_____

Are your parents still married? Yes☐ No☐ Are your parents still living? Yes☐ No☐

Parent's religious convictions _____

Describe your relationship with your father

_____

Describer your relationship with your mother

_____

How many brothers? _____ How many sisters? _____ Sibling order _____

Have there been any deaths in your family during the last year? Yes☐ No☐

Who and when? _____

Personal Information

Have you ever been in psychotherapy or counseling before? Yes☐ No☐ If 'yes' please list counselor(s) and dates

_____

What was the outcome? _____

Do you drink alcoholic beverages? Yes☐ No☐ If 'yes' please list what and the frequency

_____

Do you drink caffeinated beverages? Yes☐ No☐ If 'yes' please list what and the frequency

_____

Have you ever used recreational drugs? Yes☐ No☐ If 'yes' please list what and when

_____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records if needed? Yes☐ No☐

Health Information

Describe your overall health

_____

Describe any chronic conditions, important illnesses, injuries, or handicaps

_____

Date of last medical exam _____ Report _____

Do you have a family doctor or physician you see regularly? Yes☐ No☐

Current medications and dosage

_____

What are your sleep habits? _____

Have you ever been arrested and/or incarcerated? Yes☐ No☐

Please explain any difficulties you may face uniquely as a man or woman regarding your health

_____

Religious Information

Church attending _____

Denominational preference_____ Member? Yes☐ No☐

Pastor name _____Phone _____

Church meeting attendance per month 0 1 2 3 4 5 6 7 8 9 10+ ____

Church attended as a child _____

Baptized? Yes☐ No☐ Circumstances of baptism (approximate year, where, where you a

believer when baptized) _____

Are you involved in ministry? Yes☐ No☐

Religious affiliation of your spouse _____

Do you believe in God? Yes☐ No☐

Would you say you are a Christian? Yes☐ No☐

Do you pray? Yes☐ No☐ Frequency _____

Do you read the Bible? Yes☐ No☐ Frequency _____

Do you conduct or participate in regular family devotions? Yes☐ No☐ Frequency _____

Have you ever been discipled? Yes☐ No☐ If 'yes' please describe

_____

Explain any recent changes in your religious life

_____

Name the three greatest positive influences on your spiritual life

1. _____

2. _____

3. _____

Name the three greatest negative influences on your spiritual life

1. _____

2. _____

3. _____

Personality Dynamics

Key: check those that apply

- ☐ Active
- ☐ Ambitious
- ☐ Self-confident
- ☐ Persistent
- ☐ Nervous
- ☐ Hardworking
- ☐ Impatient
- ☐ Impulsive
- ☐ Moody
- ☐ Often blue
- ☐ Excitable
- ☐ Imaginative
- ☐ Calm
- ☐ Serious
- ☐ Easy going
- ☐ Shy
- ☐ Good natured
- ☐ Introvert
- ☐ Extrovert
- ☐ Likeable
- ☐ Leader
- ☐ Quiet
- ☐ Easily angered
- ☐ Submissive
- ☐ Self-conscious
- ☐ Lonely
- ☐ Sensitive

Others you would add:

Problem Identification

Key: blank = no impact; 1 = mild impact; 2 = moderate impact; 3 = severe impact

Anger	Discouraged/downcast	Memory
Anxiety	Drunkenness	Moodiness
Apathy	Envy	Overwhelmed
Appetite	Fear	Perfectionism
Bitterness	Finances	Pornography
Change in lifestyle	Gluttony	Procrastination
Children	Guilt	Rebellion
Communication	Hallucinations	Same sex attraction
Conflict (fights)	Health	Sexual Immorality
Control	Homosexuality	Sex in marriage
Deception	Impotence	Sleep
Decision making	In-laws	Spouse abuse
Depression	Laziness	Time usage
Disciplined living	Lust	Weary
Disorganization	Marriage	Other

Please answer 'yes' or 'no' on the following questions: If 'yes' please explain

Have you or others noticed any changes in your personality? Yes ☐ No ☐

Have you ever had a severe emotional upset? Yes ☐ No ☐

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

Have you recently suffered loss of someone who was close to you? Yes ☐ No ☐

Why are you seeking counsel?

When did your difficulty begin? _____

What have you done about your difficulty?

What are your expectations in counsel?

Have you shared this problem or any others with your pastor and/or other mature members of your church? If 'yes', please explain who. If 'no', please explain your concerns about doing so.

Do you have anything of which you are fearful? Yes ☐ No ☐

Is there any other information we should know? Yes ☐ No ☐

Pastoral Information

Pastor's primary phone number _____ Other _____

Permission to consult with pastor as deemed helpful by counselor:

Signature _____

Counseling Observation Information

Observers, including but not limited to counseling students, may sit in on counseling sessions, either to assist in the counseling process or for training purposes. **All observers and counselors agree to be bound to a confidentiality agreement and should they be found to be in violation of this agreement, understand they face expulsion from the LPC Counseling program by the LPC Elders.**

I have read this and give permission to allow observers as deemed helpful by the counselor:

Signature _____