

DR. *Alice* MILLSAP

**PERSONAL DATA INVENTORY**  
PLEASE COMPLETE THIS INVENTORY CAREFULLY



**PERSONAL IDENTIFICATION:**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_, 20\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

PHONE(S): \_\_\_\_\_ HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

MARITAL STATUS:  MARRIED  SEPARATED  DIVORCED  SINGLE  ENGAGED

REFERRED BY: \_\_\_\_\_

EDUCATION (LAST YEAR COMPLETED): \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

IN CASE OF EMERGENCY (PLEASE CONTACT): \_\_\_\_\_ @ \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

**MARRIAGE AND FAMILY:**

SPOUSE'S NAME: \_\_\_\_\_

PHONE(S): \_\_\_\_\_ HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ HOW LONG EMPLOYED: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ MARRIAGE DATE: \_\_\_\_\_

GIVE BRIEF STATEMENT OF CIRCUMSTANCES OF MEETING AND DATING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE EITHER OF YOU BEEN PREVIOUSLY MARRIED: \_\_\_\_\_ TO WHOM: \_\_\_\_\_

HAVE YOU EVER BEEN SEPARATED:  YES  NO FILED FOR DIVORCE:  YES  NO

**INFORMATION ABOUT CHILDREN:**

NAME	AGE	SEX	STEP-CHILD	LIVING WITH YOU
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DESCRIBE RELATIONSHIP TO YOUR FATHER: \_\_\_\_\_  
\_\_\_\_\_

DESCRIBE RELATIONSHIP TO YOUR MOTHER: \_\_\_\_\_  
\_\_\_\_\_

NUMBER OF SIBLINGS: \_\_\_\_\_ YOUR SIBLING ORDER: \_\_\_\_\_

DID YOU LIVE WITH ANYONE OTHER THAN PARENTS: \_\_\_\_\_  
\_\_\_\_\_

ARE YOUR PARENTS LIVINGS:  YES  NO DO THEY LIVE LOCALLY:  YES  NO

**HEALTH:** *(we do not intervene with medication issues this information is to help us to understand any underlying issues stemming from meds, etc.)*

DESCRIBE YOUR HEALTH: \_\_\_\_\_

DO YOU HAVE ANY CHRONIC CONDITIONS: \_\_\_\_\_ WHAT: \_\_\_\_\_

LIST IMPORTANT ILLNESSES AND INJURIES OR HANDICAPS: \_\_\_\_\_  
\_\_\_\_\_

DATE LAST MEDICAL EXAM: \_\_\_\_\_ REPORT: \_\_\_\_\_

PHYSICIAN'S NAME AND ADDRESS: \_\_\_\_\_

CURRENT MEDICATION(S) AND DOSAGE: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER USED DRUGS OTHER THAN FOR MEDICAL PURPOSES:  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED:  YES  NO

DO YOU DRINK ALCOHOLIC:  YES  NO IF SO, HOW OFTEN & HOW MUCH: \_\_\_\_\_

DO YOU DRINK COFFEE:  YES  NO HOW MUCH: \_\_\_\_\_

OTHER CAFFEINE DRINKS: \_\_\_\_\_ HOW MUCH: \_\_\_\_\_

DO YOU SMOKE:  YES  NO WHAT: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

HAVE YOU EVER HAD INTERPERSONAL PROBLEMS ON THE JOB: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER HAS A SEVERE EMOTIONAL UPSET:  YES  NO IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER SEEN A PSYCHIATRIST OR COUNSELOR:  YES  NO IF YES, EXPLAIN: \_\_\_\_\_

ARE YOU WILLING TO SIGN A RELEASE OF INFORMATION FORM SO THAT YOUR COUNSELOR MAY WRITE FOR SOCIAL, PSYCHIATRIC, OR OTHER MEDICAL RECORDS (IF NECESSARY):  YES  NO

**SPIRITUAL:**

DENOMINATIONAL PREFERENCE: \_\_\_\_\_

CHURCH ATTENDING & PASTOR'S NAME: \_\_\_\_\_

CHURCH ATTENDANCE PER MONTH (CIRCLE ONE) **0 1 2 3 4 5 6 7 8+**

DO YOU BELIEVE IN GOD:  YES  NO DO YOU PRAY:  YES  NO

WOULD YOU SAY YOU ARE A CHRISTIAN OR STILL IN THE PROCESS OF BECOMING ONE: \_\_\_\_\_

HAVE YOU BEEN BAPTIZED:  YES  NO

HOW OFTEN DO YOU READ THE BIBLE:  NEVER  OCCASIONALLY  DAILY

EXPLAIN ANY RECENT CHANGES IN YOUR RELIGIOUS LIFE: \_\_\_\_\_

**WOMAN ONLY:**

HAVE YOU HAD ANY MENSTRUAL DIFFICULTIES \_\_\_\_\_ DO YOU EXPERIENCE TENSION, TENDENCY TO CRY, OTHER SYMPTOMS PRIOR TO YOUR CYCLE, PLEASE EXPLAIN \_\_\_\_\_

IS YOUR HUSBAND WILLING TO COME FOR COUNSELING:  YES  NO

IS HE IN FAVOR OF YOUR COMING:  YES  NO IF NO, EXPLAIN: \_\_\_\_\_

**PROBLEM CHECKLIST:** (CHECK ALL THAT APPLY TO YOU)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> ANGER               | <input type="checkbox"/> CONFLICT (FIGHTS) | <input type="checkbox"/> GUILT         | <input type="checkbox"/> PERFECTIONISM |
| <input type="checkbox"/> ANXIETY             | <input type="checkbox"/> DECEPTION         | <input type="checkbox"/> HEALTH        | <input type="checkbox"/> REBELLION     |
| <input type="checkbox"/> APATHY              | <input type="checkbox"/> DECISION-MAKING   | <input type="checkbox"/> HOMOSEXUALITY | <input type="checkbox"/> SEX           |
| <input type="checkbox"/> APPETITE            | <input type="checkbox"/> DEPRESSION        | <input type="checkbox"/> IMPOTENCE     | <input type="checkbox"/> SLEEP         |
| <input type="checkbox"/> BITTERNESS          | <input type="checkbox"/> DRUNKENNESS       | <input type="checkbox"/> IN-LAWS       | <input type="checkbox"/> WIFE ABUSE    |
| <input type="checkbox"/> CHANGE IN LIFESTYLE | <input type="checkbox"/> ENVY              | <input type="checkbox"/> LONELINESS    | <input type="checkbox"/> A VICE        |
| <input type="checkbox"/> CHILDREN            | <input type="checkbox"/> FEAR              | <input type="checkbox"/> LUST          | <input type="checkbox"/> OTHER         |
| <input type="checkbox"/> COMMUNICATION       | <input type="checkbox"/> FINANCES          | <input type="checkbox"/> MEMORY        |  |
|  | <input type="checkbox"/> GLUTTONY          | <input type="checkbox"/> MOODINESS     |  |

**BRIEFLY ANSWER THE FOLLOWING QUESTIONS:**

1. WHAT IS THE PROBLEM OR CONCERN THAT BRINGS YOU HERE TODAY?

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2. WHAT HAVE YOU DONE ABOUT THIS PROBLEM? (SPOKE WITH ANOTHER COUNSELOR, YOUR PASTOR, ETC.)

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3. WHAT ARE YOUR EXPECTATIONS FROM COUNSELING?

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4. IS THERE ANY OTHER INFORMATION WE SHOULD KNOW ABOUT?

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**SPIRITUAL CONVICTIONS QUESTIONNAIRE:** (PLEASE USE THE BACK OF THIS SHEET IF NECESSARY)

- 1) DESCRIBE WHO GOD IS: \_\_\_\_\_  
\_\_\_\_\_
- 2) DESCRIBE WHO JESUS CHRIST IS: \_\_\_\_\_  
\_\_\_\_\_
- 3) DESCRIBE THE KIND OF RELATIONSHIP YOU HAVE WITH GOD AND HIS SON JESUS CHRIST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4) WHAT IS THE DEFINITION OF A CHRISTIAN? \_\_\_\_\_  
\_\_\_\_\_
- 5) I AM OR (I AM NOT) A CHRISTIAN BECAUSE: \_\_\_\_\_  
\_\_\_\_\_
- 6) WHAT DO YOU BELIEVE ABOUT THE BIBLE? \_\_\_\_\_  
\_\_\_\_\_
- 7) WHAT IS YOUR DEFINITION OF SIN? \_\_\_\_\_  
\_\_\_\_\_
- 8) WHAT SINS DO YOU STRUGGLE WITH THE MOST? \_\_\_\_\_  
\_\_\_\_\_
- 9) HOW DO YOU HANDLE SIN IN YOUR LIFE? \_\_\_\_\_  
\_\_\_\_\_
- 10) HOW DO YOU HANDLE GUILT? \_\_\_\_\_  
\_\_\_\_\_
- 11) WHAT DO YOU TEND TO PRAY ABOUT THE MOST? \_\_\_\_\_  
\_\_\_\_\_
- 12) WHAT DO YOU SEEK TO ACCOMPLISH IN LIFE: \_\_\_\_\_  
\_\_\_\_\_
- 13) I DO ATTEND OR I DO NOT ATTEND CHURCH BECAUSE: \_\_\_\_\_  
\_\_\_\_\_