

# Personal Data Inventory

## Please read the following before completing this Personal Data Inventory:

The discipling you receive from Calvary Chapel Sacramento is from a biblical perspective. We do not provide psychotherapy or psychiatric treatment. All discipling sessions are based on two premises:

1. God's Word, the Bible, has the answers for life's issues and problems.
2. The person is attending each session by personal choice and not coercion.

**Adults:** What is discussed in Biblical discipleship sessions is confidential unless you give consent to its release with two exceptions: (1) I will need and am compelled by law, to inform an appropriate other person(s) if I hear and believe that you are in danger of hurting yourself or someone else and (2) If there is reasonable suspicion that a child has been abused.

**Children:** Discussion held in biblical discipleship sessions is strictly confidential with three exceptions: (1) If I think you are going to hurt yourself; (2) If I think you are going to hurt someone else and (3); If I think someone, including your parents, is hurting you. If any of these things occur, I will need to try to get additional help for you.

**Note:** **Be aware that any information disclosed regarding child abuse, suicide, homicide, and threat of homicide are matters that must be reported by law if they are suspected.**

I have read the above statement. I understand and accept the discipling provisions.

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Name (please print)	Signature	Date
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### IDENTIFICATION DATA:

Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

May we contact you at this phone number  Yes  No  I'd prefer not for confidentiality purposes.

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone \_\_\_\_\_

Sex:  Male  Female Birth Date \_\_\_ / \_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status:  Married  Single  Separated  Divorced  Widowed  Live-in

Education (check highest level)  High School  A.A.  B.A. / B.S.  Post Grad

### HEALTH INFORMATION:

Rate your health (check one)  Very good  Good  Average  Declining Other: \_\_\_\_\_

Weight changes recently:  Lost  Gained Amount: \_\_\_\_\_

List important present or past illnesses, injuries, or handicaps: \_\_\_\_\_

Date of last medical examination: \_\_\_ / \_\_\_ / \_\_\_\_\_ Any conditions discovered? \_\_\_\_\_

Name of physician: \_\_\_\_\_ Address: \_\_\_\_\_

Are you presently taking any medication?  Yes  No If Yes, what are you taking? \_\_\_\_\_

## Personal Data Inventory

### RELIGIOUS BACKGROUND:

Are you a born-again believer?  Yes  No

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

What church do you attend?: \_\_\_\_\_

Church attended in childhood: \_\_\_\_\_

Do you believe in God?  Yes  No  Uncertain

Religious background of spouse (if married) \_\_\_\_\_

How frequently do you read the Bible?  Often  Sometimes  Rarely  Never

Have you been Baptized?  Yes  No Do you pray to God?  Often  Sometimes  Rarely  Never

Do you have regular family devotions?  Often  Sometimes  Rarely  Never

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

### MARRIAGE AND FAMILY INFORMATION:

Name of spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City State Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Spouse's birth date: \_\_\_/\_\_\_/\_\_\_ Education (years) \_\_\_\_\_ Religion: \_\_\_\_\_

Is spouse willing to come in to meet also  Yes  No  Uncertain

Have you ever been separated?  Yes  No If "yes"- When? \_\_\_\_\_

Have either of you *ever* filed for divorce?  Yes  No - If "yes"-When? \_\_\_\_\_

Date of marriage \_\_\_/\_\_\_/\_\_\_\_\_. Your ages when married: husband \_\_\_\_\_ wife \_\_\_\_\_

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

Length of steady dating before marriage: \_\_\_\_\_

Briefly describe any previous marriages: \_\_\_\_\_

### INFORMATION ABOUT CHILDREN:

Name	P.M. *	Birth date	Sex	Living with you?	Education (years)	Marital status
_____	<input type="checkbox"/>	___/___/___	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> M <input type="checkbox"/> S
_____	<input type="checkbox"/>	___/___/___	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> M <input type="checkbox"/> S
_____	<input type="checkbox"/>	___/___/___	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> M <input type="checkbox"/> S
_____	<input type="checkbox"/>	___/___/___	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> M <input type="checkbox"/> S
_____	<input type="checkbox"/>	___/___/___	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> M <input type="checkbox"/> S

\*Check if by previous marriage

If you were raised by anyone other than your own parents, briefly explain: \_\_\_\_\_

How many older brothers? \_\_\_\_\_ Sisters? \_\_\_\_\_. How many younger brothers? \_\_\_\_\_ Sisters? \_\_\_\_\_.

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

Who and where? \_\_\_\_\_

### PERSONALITY INFORMATION:

Have you ever used drugs for other than medical reasons?  Yes  No If yes, what? \_\_\_\_\_

Have you ever had a severe emotional upset?  Yes  No Explain: \_\_\_\_\_

Have you ever had psychotherapy or counseling?  Yes  No If yes, please list general dates and counselor: \_\_\_\_\_

## Personal Data Inventory

### **BRIEFLY ANSWER THE FOLOWING QUESTIONS:**

1. What problems are you wanting to discuss; what brings you here?
2. What have you done about it?
3. What do you want us to do; what are your expectations?
4. What brings you here at *this* time?
5. Is there any other information we should know?