



# W Potter's Wheel

## Biblical Counseling Center

577 Greenough Road | Cooperstown, NY 13326 | 607.547.9764

### PERSONAL DATA INVENTORY

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Education/Training \_\_\_\_\_

Referred here by \_\_\_\_\_

Are you able to bring an advocate from your church? \_\_\_\_\_ Name: \_\_\_\_\_

### HEALTH and GENERAL INFORMATION:

Rate your health: Very Good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Declining \_\_\_\_\_ Other \_\_\_\_\_

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

Date of last Medical Examination: \_\_\_\_\_ Report: \_\_\_\_\_

Approximately how many hours of sleep do you get each night? \_\_\_\_\_

Recent weigh changes: Lost \_\_\_\_\_ Gained \_\_\_\_\_

Please list previous and present illnesses, injuries, or handicaps: \_\_\_\_\_

Your Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Are you currently taking medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what? \_\_\_\_\_

For what reason? \_\_\_\_\_

Have you used drugs for other than medical purposes? Yes \_\_\_\_\_ No \_\_\_\_\_ Which drugs? \_\_\_\_\_

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

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

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

### RELIGIOUS BACKGROUND:

Denominational preference: \_\_\_\_\_ Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

May we contact your Pastor for background information if needed? \_\_\_\_\_ Contact information \_\_\_\_\_

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

Church Attended in childhood \_\_\_\_\_ Have you been baptized? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Do you consider yourself a religious person? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Do you believe in God? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Do you pray to God? Yes \_\_\_\_\_ No \_\_\_\_\_ Occasionally \_\_\_\_\_

Are you saved? Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure what you mean \_\_\_\_\_

How much do you read the Bible? Often \_\_\_\_\_ Occasionally \_\_\_\_\_ Never \_\_\_\_\_

Does your family regularly read the Bible and pray together? Yes \_\_\_\_\_ No \_\_\_\_\_

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

### PERSONALITY INFORMATION:

Have you ever had psychotherapy or counseling before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list counselor and dates: \_\_\_\_\_

What was the outcome? \_\_\_\_\_

CIRCLE ANY OF THE FOLLOWING WORDS WHICH BEST DESCRIBE YOU NOW: 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 hardboiled submissive self-conscious lonely sensitive other: \_\_\_\_\_

**MARRIAGE AND FAMILY INFORMATION:**

Marital status: \_\_\_\_\_  
 Name of spouse: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone \_\_\_\_\_  
 Spouse's Age: \_\_\_\_\_ Education (yrs.) \_\_\_\_\_ Religion: \_\_\_\_\_  
 Is spouse willing to come for counseling? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_  
 Have you ever been separated? Yes \_\_\_ No \_\_\_ When? from \_\_\_\_\_ to \_\_\_\_\_  
 Have either of you ever filed for divorce? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_  
 Date of marriage: \_\_\_\_\_ Ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_  
 How long did you know your spouse before marriage? \_\_\_\_\_  
 Length of steady dating with spouse \_\_\_\_\_ Length of engagement \_\_\_\_\_  
 Give brief information about any previous marriages: \_\_\_\_\_  
 \_\_\_\_\_

Information about children:

PM	Name	Age	Sex	Living Y/N	Education in yrs.	Marital Status	Living w/ you? y/n

Check PM column if child is by previous marriage

If you were reared by anyone other than your own parents, please explain:

\_\_\_\_\_

How many older brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

How many younger brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

PLEASE ANSWER THE FOLLOWING QUESTIONS:

What is the main problem as you see it? (What brings you here)

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What have you done to address it/them?

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How can we help? What are your expectations for Biblical Counseling?

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Is there any other information we should know?

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