

Life Guidance Center

Personal Data Inventory For Use of The Life Guidance Center Only

CONFIDENTIAL

PRE-MINISTRY HISTORY

Purpose:

The purpose of this questionnaire is to obtain a comprehensive picture of your background. By completing these questions as fully and accurately as you can, you will save time and allow for positive, meaningful discussion. You are requested to answer these routine questions on your own time, instead of using up your actual counseling time.

It is understandable that you might be concerned about what happens to the information about you, because much or all of this information is highly personal. Case records are strictly confidential. **No outsider, not even your closest relative or family member or family doctor is permitted to see your case record without your written permission.**

Important:

If you do not desire to answer any question, write, "do not care to answer." Also, if some particular question does not apply to you, simply write "N/A" in the space provided.

Section I - Personal History:

Name: _____ Home #: _____

Address: _____ Cell #: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Work #: _____

Gender: M / F Age: _____ Birth Date: _____ Marital Status: _____ Today's Date: _____

Education: (Circle Last Completed)

Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 Other: _____

Physical Health: Very Good: _____ Good: _____ Average: _____ Declining: _____

List significant past illnesses, injuries, handicaps, etc: _____

Have you used drugs other than for medical purposes? Y / N What?: _____

Have you had psychotherapy or counseling?: Y / N When?: _____ From Whom?: _____

Briefly Answer the Following Questions:

What is the main problem, as you see it?: _____

What have you done to improve the problem?: _____

As you see yourself, what kind of person are you?: _____

Is there any other information that would be helpful for us to have?: _____

Did you serve in the military?: _____

Who referred you to the Life Guidance Center?: _____

Section II - Family History:

Please Circle One: Natural Parents / Adoptive Parents / Foster Parents

Father Deceased: _____ Mother Deceased: _____

Your Age: When Parents Separated: _____ At Time of Divorce: _____ At Time of Adoption: _____

At Time of Father's Death: _____ At Time of Mother's Death: _____

You Live With: Father: _____ Mother: _____ Other: _____ How Long?: _____

Father remarried when you were age: _____ You Lived With: _____

Mother remarried when you were age: _____ You Lived With: _____

How did stepparent relate to you? (Kindly, Poorly, Affectionately, Little Discipline, etc): _____

How was your relationship with your parents growing up?: _____

How is your relationship at the present time?: _____

As a child did you feel closer to?: Father: _____ Mother: _____

Rate your childhood life: Unhappy: _____ Average: _____ Happy: _____ Very Happy: _____

Describe the atmosphere in your home when you were a child. (ie: Tense, Peaceful, Fighting): _____

How would you describe your family's financial situation when you were a child? Check One:

Poor: _____ Slight Financial Struggle: _____ Moderate Income: _____ Affluent: _____

Describe briefly your relationship with your father: _____

Do you know if your mother suffered any trauma during pregnancy with you? Yes: _____ No: _____

How did mom react to the news that you were going to be born?: _____

How did dad react?: _____

List your brothers and sisters in line of succession, including gender and age: _____

Describe the relationship you had with your brothers and sisters (Good, Jealous, Loving, etc): _____

Father: Current Age?:_____

His Personality:_____

His Values:_____

Kind of environment he provided?:_____

Describe your father's relationship with your mother:_____

Who was actually in charge (head of the house)?:_____

Describe his relationship with children:_____

How did he show love?:_____

What was his ambition for the children?:_____

Describe your ability to confide in him:_____

Form of punishment:_____

As a child, what I liked about him:_____

As a child, what I disliked about him:_____

Who was dad's favorite child?:_____

Was your father (check): Passive_____ Strong & Manipulative_____ Neither_____

Mother: Current Age?:_____

Her Personality:_____

Her Values:_____

Kind of environment she provided?:_____

Describe your mother's relationship with your father:_____

Who was actually in charge (head of the house)?:_____

Describe her relationship with children:_____

How did She show love?:_____

What was her ambition for the children?:_____

Describe your ability to confide in her:_____

Form of punishment:_____

As a child, what I liked about her:_____

As a child, what I disliked about her:_____

Who was mom's favorite child?:_____

Was your mother (check): Passive_____ Strong & Manipulative_____ Neither_____

Have you ever felt rejected or abandoned by your parents?: Yes_____ No_____

Do you feel you have let your parents down?: Yes_____ No_____

Do you feel your parents have let you down?: Yes_____ No_____

Did your parents influence your career choices?: Yes_____ No_____

Did either of your parents suffer from depression?: Yes_____ No_____

Has any parent, sibling, grandparent suffered from a mental problem? Who? What was the problem?:_____

Describe relationship with natural parents: _____

Describe relationship with step/foster parents: _____

List present interests, hobbies (e.g. internet, sports, movies, etc.): _____

How do you spend your spare time?: _____

Were you or any member of your family knowingly involved in the occult (e.g. astrology, superstitions, horoscopes, New Age thinking, Masons, etc.)?: _____

If so, who and what type?: _____

Section III - Marriage Information:

Name of Spouse: _____ Age _____ Cell #: _____

Occupation: _____ Work #: _____

Describe your spouse's personality: _____

Is spouse willing to come for prayer counseling?: Yes _____ No _____ Uncertain _____

Have you ever been separated?: Yes _____ No _____ Have either of you filed for divorce?: Yes _____ No _____

Date of this marriage: _____ Your ages when married: Husband _____ Wife _____

Give brief information about any previous marriages or "live-in" relationships: _____

Broken by: Divorce _____ Death _____ Other _____

Circle areas in your marriage that need improvement: Financial - Sexual - Spiritual - Husband's Leadership -

Wife's Role - Child Training - Other(please specify): _____

Section IV - Marriage Information: *Check PM column if children are by previous marriage

PM	Name	Age	Sex	Where Living & Occupation	Marital Status

Place the letter "C" or "I" below as it applies to present marriage (C=compatible - I=Incompatible)

- | | | | |
|--------------------|---------------------------|-------------------------------|----------------------------|
| _____ Value System | _____ Commitment | _____ Devotion to Spouse | _____ Devotion to Children |
| _____ Intellect | _____ Sleep | _____ Financial Planning | _____ Child Discipline |
| _____ Energy Level | _____ Food Appetite | _____ Spending Money | _____ Devotion to Work |
| _____ Social Time | _____ Exercise Needs | _____ Recreational Interests | _____ Household Duties |
| _____ Planning | _____ Sexual Needs | _____ Parenting Style | _____ In-Law Relationships |
| _____ Neatness | _____ Need for Time Alone | _____ Sensitivity to Feelings | _____ Friends |
| _____ Conversation | _____ Spiritual Growth | | |

What I like the last few months: _____

What I disliked the last few months: _____

Give specific examples of those things you would like to see your spouse do more often (ex. Take out garbage, spend more time, etc.): _____

Give specific examples of things you would like to see your spouse stop doing (Those particular things that irritate you.): _____

Dream about your marriage future: _____

We can't accomplish our dreams because: _____

Personal and Family Health:

Circle any of the following that apply during childhood: Night Terrors - Bed-wetting - Sleep Walking - Thumb Sucking - Nail-biting - Stammering - Fears - Happy Childhood - Unhappy Childhood

Are you or has anyone in your immediate family ever been addicted to or used the following:
(Please mark all that apply).

Addiction/Use	Past	Present	#Years	Addiction/Use	Past	Present	#Years
Alcohol				Gambling			
Spending				Pornography			
Nicotine				Drugs			
Sex				Food			
Stealing				Sports			
Work				TV			
Compulsive Exercise				Computers			
Co-dependency				Other			

Do you, or have you ever had any obsessive-compulsive behavior patterns?: Yes _____ No _____ If so, what?: _____

Are any of the following beliefs, patterns or traits characteristic in your life? (Check all that apply):

_____ I am not special

_____ I do not have the same standing as others

_____ Others are smarter than me

_____ Others do better than me

_____ Others are more important than me

_____ I am not good at anything

_____ I cannot or will not speak or laugh in public

_____ No one cares about me

_____ I cannot be taught anything

Circle any of the following that apply during childhood:

Headaches - Dizziness - Fainting Spells - Panic Attacks - Anxieties - Feel Tense - Unable to Relax

Depression - Suicidal Tendencies - Insomnia - Nightmares - Stomach or Bowel Disorders - No Appetite

Financial Problems - Alcoholism - Drugs/Sexual Addictions - Pornography - Sexual Difficulties

Unable to have a Good Time - Do Not Like Week-ends and Vacations - Over-ambitious - Shy with People

Can't Make Friends - Can't Make Decisions - Can't Keep a Job - Perfectionist - Unworthy - Controlling

Difficult to Pray - Low Energy - Fear God - Fear Success - Fear Failure - Verbal Abuse - Abortions

Feel Invisible - Flea Worship - Pleaser - Moodiness - Unhappy Childhood - Body Image - Difficult to Read Bible

Worry - Obsessive - Grief - Frustration - See Life as Good - See Life as Bad - Not Listened To - Guilt Feelings

Wish Born Another Time - Dislike Confrontations - Peacemaker - Angry - Insecurity - Flashbacks

See God as Distant - Flooded by Feelings - Can't Express Feelings - Unable to Hold Boundaries

Hard to Tell Right from Wrong - Inadequate - Lonely - Fear Travel - Bullied as a Child - Miscarriages

Flashbacks - Impatience - Irritability - Temper - Rebellion - Violence - Stubbornness - Worrier - Unbelief

Confusion - Lustful Thoughts - Adultery - Fantasies

Are you a critical person?: Yes_____ No_____

Do you feel emotionally immature?: Yes_____ No_____

Tell us about your self-image (Circle where applies to you):

Love Self-image - Feel Insecure Sometimes - Condemn Myself - Hate Myself - Feel Worthless

Believe I am a Failure - Feel Inferior - Question My Identity - Punish Myself (If so, how?): _____

Has lying or stealing been a problem for you?: Yes_____ No_____ Is it now?: Yes_____ No_____

Were you a lonely teenager?: Yes_____ Sometimes_____ Never_____ Explain _____

As a child, teenager or later in life, did you ever suffer an injustice? What and by whom?: _____

Do you have trouble giving or receiving love?: Yes_____ At Times_____ No_____

Do you find it easy to communicate with persons close to your?:

I Have Real Difficulty_____ I am Unwilling_____ I Have Some Problems, at Times_____ It's Easy_____

Are you a perfectionist?: Yes_____ No_____ Workaholic: Yes_____ No_____

Do you have toward anyone?: Unforgiveness?: Yes_____ No_____ If so Whom & Why?:_____

Resentment?: Yes_____ No_____ If so Whom & Why?:_____

Bitterness?: Yes_____ No_____ If so Whom & Why?:_____

Hatred?: Yes_____ No_____ If so Whom & Why?:_____

Are you easily: Frustrated?:_____ Angered?:_____ Annoyed?:_____ Do you show it or bury it?:_____

Were you ever sexually molested or raped?: Yes_____ No_____ If so When & by Whom?:_____

Have you gone through any form of trauma in your past/present?: Yes_____ No_____
Please explain briefly:_____

Were you ever diagnosed with PTSD?:_____

Section V - Religious Background:

Church Affiliation:_____ Pastor's Name:_____

Does your Pastor know you are seeking help?: Yes_____ No_____

Have you gone to your Pastor for help with issue?: Yes_____ No_____

What is your relationship with God?:_____

How do you view God?:_____

What does being "born again" mean to you?:_____

Church attendance per month? (circle): 0 - 1 - 2 - 3 - 4 - more

Do you pray to God?: Never_____ Occassionally_____ Often_____

How often do you read the Bible?: Never_____ Occassionally_____ Often_____

Do we have permission to call your listed phone number(s) the day prior to your appointment to remind you of your appointment?: Yes_____ No_____

If you are unable to keep your appointment time please contact Life Guidance Center at 973-694-2938 ext 242 at least 24 hours prior to appointment time to reschedule another time.

Print Name:_____ Signature:_____

Date:_____