

PERSONAL DATA INVENTORY

Please complete this inventory carefully

(Question marks have been eliminated) Date _____

PERSONAL IDENTIFICATION

- (1) Name _____ Birth Date _____
- (2) Address _____
- (3) Age _____ Sex _____ Referred by _____
- (4) Marital Status: Single _____ Engaged _____ Married _____ Separated _____
Divorced _____ Widowed _____
- (5) Education: (last yr. completed) _____
- (6) Home Phone _____ Business Phone _____
- (7) Employer _____ Position _____ Yrs. _____

MARRIAGE AND FAMILY

- (8) Spouse _____ Birth Date _____
- (9) Age _____ Occupation _____ How Long Employed _____
- (10) Home Phone _____ Business Phone _____
- (11) Date of marriage _____ Length of dating _____
- (12) Give a brief statement of circumstances of meeting and dating.

(13) Have either of you been previously married _____ Who _____

(14) Information about children:

Name	Age	Sex	Living	Yr. Ed.	Step-child
Name	Age	Sex	Living	Yr. Ed.	Step-child
Name	Age	Sex	Living	Yr. Ed.	Step-child
Name	Age	Sex	Living	Yr. Ed.	Step-child

(15) Describe relationship to your father _____

(16) Describe relationship to your mother _____

(17) Number of siblings _____ Your sibling order _____

(18) Did you live with anyone other than parents _____

(19) Are your parents living _____ Do you live locally _____

HEALTH

(20) Describe your health _____

(21) Do you have any chronic conditions _____ What _____

(22) List important illnesses and injuries or handicaps _____

(23) Date last medical exam _____ Report _____

(24) Physician's name and address _____

(25) Current Medication(s) and dosage. Please include all medicines; prescription and over-the-counter (e.g., laxatives, birth control, aspirin, cold or allergy sprays, diet pills, etc.)

(26) Have you ever used drugs for other than medical purposes _____

(27) If yes, please explain _____

