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 base 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 <u>are matters that must be reported by law if they are suspected.</u>**

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

_____

Name (please print) Signature Date

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? _____

_____

_____

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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
_____	❑	__/___/___	_____	❑ Yes ❑ No	_____	❑ M ❑ S
_____	❑	__/___/___	_____	❑ Yes ❑ No	_____	❑ M ❑ S
_____	❑	__/___/___	_____	❑ Yes ❑ No	_____	❑ M ❑ S
_____	❑	__/___/___	_____	❑ Yes ❑ No	_____	❑ M ❑ S
_____	❑	__/___/___	_____	❑ Yes ❑ No	_____	❑ M ❑ 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:

_____

_____

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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?