

Personal Information Form (PIF)

Scottsburg Baptist Church

Name _____ Gender ___ Age ___ Date _____

Address _____ Email _____
(Street/Box) (City) (State/Zip)

Daytime telephone _____ Evening telephone _____ Referred to us by _____

Section I -- Marital Status/History

Status (underline all that apply): Single Engaged Married Separated Divorced Widowed

Your Present Marriage (if applicable):

Spouse's name _____ Age ___ Spouse's occupation _____

Date of marriage _____ Place _____ Years married _____

If you and your spouse have ever separated, give dates and circumstances: _____

Rate your marriage (circle: 0 terrible, 5 excellent): 0 1 2 3 4 5. What might make it better?

Children from Present Marriage (if applicable):

Name	Son/Daught.	Age	Where Live	Marital Status	Occupation
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Your Previous Marriages (or Relationships that Produced Children) (if applicable):

Name of Spouse/Partner	Dates	Children (Names and Ages)
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1. _____ to _____ _____

2. _____ to _____ _____

Has your spouse been previously married? ___ How many times? ___

Children (Names and Ages) _____

Section II -- Occupational Status/History

Education (last level completed) _____ School/Institute _____

Occupation _____ Name of Company _____ City/State _____

Years there _____ Present income (est.) \$ _____ Work Telephone (____) _____

Does your present work satisfy you? Explain: _____

What other job positions have you held in the past? _____

Section III -- Family of Origin History

Parents: Name Age Where Live Marital Status Occupation

Father: _____

Mother: _____

Guardian: _____ Relation to you: _____ Dates: _____

Brothers/Sisters: (List in order from oldest to youngest; include yourself in that order):

Name Bro/Sis/Step Age Where Live Marital Status Occupation

Family "Climate": Describe your home life during your childhood and teen years: _____

Indicate any problems you experienced as a child or teen:

Family problems___ School problems___ Emotional/behavior problems___ Legal problems___

Medical problems___ Social problems___ Drug/alcohol problems___ Other: _____

Psychological Problems: Have you, or any parent or brother or sister, been hospitalized or received professional help for "psychological" problems? Specify person, dates, and problem: _____

Section IV -- Religious Status/History

Past Denominational Background _____ Present Denom. Preference _____

Church Presently Attending _____ City & State _____

Member: Yes No Average # of times per month you attend _____

Pastor _____ Telephone _____ Permission to contact him: Yes No
Do you believe in God? Yes No Unsure

Do you consider yourself “saved?” Yes No Unsure Don’t understand the term

How frequently do you pray? Often Occasionally Rarely Never

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

What is your view of the Bible? _____

Have you come to the place in your spiritual life where you know for certain that if you were to die today you would go to heaven? Yes No Unsure

Suppose you were to die and stand before God and he were to say to you, “Why should I let you into my heaven?,” what do you think you might say to God? _____

Why do you desire *Christ-centered, biblical* counseling?

Explain any recent changes in your religious life: _____

Section V -- Medical Status/History

Rate your health: Very Good __ Good __ Average __ Poor __ Recent Problems? _____

Date of last medical exam: _____ Report _____

Your Physician _____ City & State _____

List any prescription medications you take:

Medication	Treatment for	When began	Daily dosage	Prescribing Physician
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List over-the-counter medications you currently take (diet pills, laxatives, birth control pills, cold and allergy medicines, aspirin, etc.): _____

List any surgeries that required anesthesia: _____

Average daily caffeine consumption? (coffee, tea, chocolate, stimulants, caffeinated soft drinks, etc.)

How often do you drink alcoholic beverages? Often Occasionally Rarely Never

How often do you struggle with the temptation to use illegal drugs? Often Occasionally Rarely Never

Average # of hours of sleep each night? ___ Is it restful? _____

Describe any recent changes in your sleep patterns: _____

Have you had any of the following physical problems? Please check.

- | | | |
|----------------------------|----------------------------|------------------------------|
| Heart problems ___ | Hypoglycemia ___ | Menstrual irregularities ___ |
| Liver problems ___ | Lung Problems ___ | Hallucinations ___ |
| Kidney Problems ___ | Allergies ___ | Change in sexual drive ___ |
| Head injury/concussion ___ | Cancer ___ | Problems walking ___ |
| Stroke ___ | Incoordination ___ | Unusual hair loss ___ |
| Seizures ___ | Anorexia or Bulimia ___ | Rashes ___ |
| Brain Tumor ___ | Visual Problems ___ | Memory Problems ___ |
| Multiple Sclerosis ___ | Sensory distortions ___ | Episodic disorientation ___ |
| Parkinson's Disease ___ | Weakness ___ | Personality change ___ |
| Blackouts ___ | Fatigue ___ | Deja Vu ___ |
| Amnesia ___ | Heat/cold sensitivity ___ | Changes in consciousness ___ |
| Tremors ___ | Bowel/bladder problems ___ | Headaches ___ |
| Thyroid dysfunction ___ | Nausea or vomiting ___ | Dizziness ___ |
| Diabetes ___ | Recent weight change ___ | Stiff neck ___ |
| High Blood Pressure ___ | Impotence ___ | Physical changes ___ |
| Constant Hunger ___ | Food cravings ___ | Fever ___ |
| Pneumonia ___ | Speech Problems ___ | OTHER? _____ |

Have you or others noticed any changes in your personality (anger, mood swings, withdrawal), your thinking and memory, or your work habits? _____

Section VI – Legal Actions (if applicable, for example, in conflict or separation/divorce cases)

If you have talked with an attorney about your problem, or intend to, please provide the following info:

Attorney _____ Firm _____
 Address _____ Phone _____
 Date and purpose _____

Has a legal action been filed or is one likely to be filed in this situation? No Yes (If yes, give dates and describe action below.)

Other information that might be helpful for us to know about you (attach separate sheet if needed)