

Personal Data Inventory

General Information

Name: _____ Today's Date: _____

Birth Date: _____ Age: _____

Full Address: _____

Primary Phone: _____

Emergency Contact: _____ Phone: _____

Marital Status (check all that apply)

Single Dating Engaged Married Divorced

Separated Widowed Remarried Living together

I consider myself: Heterosexual Bisexual Homosexual Not sure

Health Information

My Health Is: Very Good Good Average Poor

Daily caffeine consumption: _____ Average sleep/night: _____ hours
(coffee, tea, soda) Sleep Quality: _____

Recent weight changes: Gained Lost Approximately _____ lbs. in _____ weeks.

Family Information

Name of Father: _____ Living? Y/N Mother: _____ Living? Y/N

Describe parent's involvement in your life: _____

Parents (circle all that apply): Never Married Married Separated Divorced Remarried

Were you raised by anyone other than your biological Parents? If so, please explain . . .
