

Word of Hope Ministries  
Personal Data Inventory for Teenagers 13 -17 (to be filled out by the teen)

Today's Date \_\_\_\_\_

Your Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Parents names: Mom \_\_\_\_\_ Dad \_\_\_\_\_

Stepmom \_\_\_\_\_ Stepdad \_\_\_\_\_

Your siblings names/ages:

Full Address: \_\_\_\_\_

Primary Family Phone# \_\_\_\_\_ Your Cell # \_\_\_\_\_

Are you able to send and receive texts? \_\_\_\_\_

Your email address \_\_\_\_\_

Parent's Occupation(s) \_\_\_\_\_

Are your parents currently married and living together? If not, what is your situation? Explain:

Who is your medical doctor? \_\_\_\_\_

When was the last time you had a checkup? \_\_\_\_\_

Are you in good health? If not, explain:

What medications are you taking, and what is it for?

Have you received any other counseling? Where?

Are you currently seeing another counselor? Who?

What grade are you in, and at what school?

How are you doing in school in general?

Does you have learning challenges? Explain:

What church do you attend?

What church activities are you involved in? (Sunday School, Youth Group, volunteering, etc.)

Please describe what brings you for counseling at this time:

What are your goals and hopes for this counseling?

What kinds of things have you tried to help your current struggles?

Please briefly describe yourself (shy, outgoing, sensitive, kind, a bully, anxious, unhappy, obedient, etc...use whatever words fit your description):

What are some of your interests?

Have you ever used street drugs, marijuana, alcohol, or other substances? What and when?

Have you ever done anything illegal, and do you have a police record? Explain.

Have you ever been sexually active? \_\_\_\_\_Are you currently? \_\_\_\_\_

Is there anything else you think your counselor should know? Explain: