

**St. Matthew's Institute  
for Healing & Intentional Growth  
1606 Briar Lake Circle  
Winston-Salem, NC 27103  
335 760-1780**

Minor Child's Personal Data Inventory

This confidential information is for the use of the counselor. Complete it as carefully as possible. If the form is for a young child, the parents should provide the answers. The parent or guardian must sign the release on the reverse side.

Child's name \_\_\_\_\_ Parent's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Parent's work phone \_\_\_\_\_

Current grade in school \_\_\_\_\_ Referred by \_\_\_\_\_

**Health Information:** Height \_\_\_\_\_ Weight \_\_\_\_\_

List all important present or past illnesses, injuries or handicaps \_\_\_\_\_  
\_\_\_\_\_

Date of last medical exam \_\_\_\_\_ Doctor \_\_\_\_\_ Report \_\_\_\_\_

Is child currently taking medication? \_\_\_\_\_ What? \_\_\_\_\_

Has child ever used drugs or alcohol? \_\_\_\_\_

Has child ever had a severe emotional upset? \_\_\_\_\_

Has child ever had any counseling? \_\_\_\_\_

Has child ever been arrested? \_\_\_\_\_

Has child ever been sexually abused, molested, or raped? \_\_\_\_\_

Has child ever attempted suicide? \_\_\_\_\_

Has there been any alcohol or drug abuse in the family? \_\_\_\_\_

**Religious Background**

Name of church child now attends \_\_\_\_\_

Denomination \_\_\_\_\_ Frequency \_\_\_\_\_

Is child baptized? \_\_\_\_\_

**Family Information**

Marital status of biological parents \_\_\_\_\_

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_ Living? \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_ Living? \_\_\_\_\_

Is child living with anyone other than his/her biological parents? \_\_\_\_\_

If yes, explain. \_\_\_\_\_

Is child adopted? \_\_\_\_\_ Are any siblings adopted? \_\_\_\_\_

Birth order of child (circle) 1 2 3 4 5 6 Other \_\_\_\_\_

Brothers' ages \_\_\_\_\_ Sisters' ages \_\_\_\_\_

**Check the items that best describe the reasons for seeking counseling:**

Anxiety \_\_\_\_\_ Grief \_\_\_\_\_ Depression \_\_\_\_\_ Abuse \_\_\_\_\_

Divorce in family \_\_\_\_\_ Parental relationship \_\_\_\_\_

Sibling relationships \_\_\_\_\_ Other relationships \_\_\_\_\_

Behavior problems \_\_\_\_\_ Traumatic events \_\_\_\_\_

Other \_\_\_\_\_

**As the parent/guardian of this minor child, I give St. Matthew's Institute permission to interview, counsel, and evaluate this minor. I understand that the counselor is required by state law to report known or suspected cases of child abuse or neglect.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date