

# Grace Counseling Ministry

*A ministry of Grace Bible Church*

## Personal Data Inventory

*Please complete this inventory carefully*

Today's date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Personal

Mr. \_\_\_ Mrs. \_\_\_ Miss \_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Referred By \_\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Engaged \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed

Education (Grade or degree completed) \_\_\_\_\_

Current Employer \_\_\_\_\_ Position \_\_\_\_\_ Years \_\_\_\_

In case of an emergency, please contact \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### Marriage

Spouse \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_ Occupation \_\_\_\_\_ How Long Employed \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Length of Dating \_\_\_\_\_

Give a brief statement of circumstances of meeting and dating \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your spouse willing to come for counseling? \_\_\_\_\_ Is he/she in favor of your coming? \_\_\_\_\_

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Have either of you been previously married? \_\_\_\_\_ If yes, which of you? \_\_\_\_\_

Have you ever been separated? \_\_\_\_\_ Filed for divorce? \_\_\_\_\_

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## **Children/Family**

Name	Age	Gender	Education (Grade or degree completed)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe your relationship with your father \_\_\_\_\_  
\_\_\_\_\_

Describe your relationship with your mother \_\_\_\_\_  
\_\_\_\_\_

Did you live with anyone other than parents? \_\_\_\_\_ Number of siblings \_\_\_\_\_  
Your place in sibling order \_\_\_\_\_ Are your parents living? \_\_\_\_\_ Do they live locally? \_\_\_\_\_

## **Health**

Describe your health \_\_\_\_\_ Do you have any chronic conditions? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

List important illnesses and injuries or handicaps: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last medical exam \_\_\_\_\_ Report \_\_\_\_\_  
Physician's name and address \_\_\_\_\_  
\_\_\_\_\_

Current medication(s) and dosages \_\_\_\_\_  
\_\_\_\_\_

Do you experience any significant symptoms related to your health? \_\_\_\_\_ If yes, please explain if applicable: \_\_\_\_\_

## **Women only:**

Have you had any menstrual difficulties? \_\_\_\_\_ Do you experience tension, tendency to cry, other symptoms prior to your cycle? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

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## Social/Recreational

Have you ever used drugs other than for medical purposes? \_\_\_\_\_ If yes, please explain:

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Have you ever been arrested? \_\_\_\_\_

Do you drink alcoholic beverages? \_\_\_\_\_ How much and how frequently? \_\_\_\_\_

Do you drink coffee? \_\_\_\_\_ How much and how frequently? \_\_\_\_\_

Do you drink other caffeinated drinks? \_\_\_\_\_ How much and how frequently? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ What? \_\_\_\_\_ Frequency \_\_\_\_\_

Have you ever had interpersonal problems on the job? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Have you ever had a severe emotional upset? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Have you ever seen a psychiatrist or counselor? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Are you willing to sign a health *Release of Information* form so that your counselor may request social, psychiatric, or other medical records? \_\_\_\_\_

## Spiritual

Do you believe in God? \_\_\_\_\_ Do you pray? \_\_\_\_\_ Would you say you are a Christian or you are still in the process of becoming a Christian? \_\_\_\_\_ Have you been baptized? \_\_\_\_\_

How often do you read the Bible? \_\_\_ Never \_\_\_ Occasionally \_\_\_ Often \_\_\_ Daily

Denominational preference \_\_\_\_\_ What church are you attending? \_\_\_\_\_

Are you a member? \_\_\_\_\_ How often do you attend church? \_\_\_ Never \_\_\_ Occasionally \_\_\_ Once or twice a month \_\_\_ Weekly \_\_\_ More than once a week

Explain any recent changes in your religious life \_\_\_\_\_

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## **PROBLEM CHECKLIST (Circle what best describes your situation)**

Anger	Depression	Loneliness	Anxiety
Drunkenness	Lust	Apathy	Envy
Memory	Appetite	Fear	Moodiness
Bitterness	Finances	Perfectionism	Change in lifestyle
Gluttony	Rebellion	Children	Guilt
Sex	Communication	Health	Sleep
Conflict (Fights)	Homosexuality	Spousal Abuse	Deception
Impotence	A Vice	Decision Making	In-Laws
Other:			

What problem are you experiencing? (What brings you here?) \_\_\_\_\_

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What have you done about this problem? \_\_\_\_\_

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What are your expectations from counseling? \_\_\_\_\_

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Is there any other information we should know? \_\_\_\_\_

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