Personal Data Inventory (PDI)

GRACE CHURCH

Discipleship Counseling Ministries ♦ 970-330-1340 ♦ 6400 West 20th Street Greeley, Colorado 80634

Please complete this PDI carefully and return it along with your signed Consent to Counsel to the Grace Church office or to Bill Willcutts or Kristy Morris (women only). ***Please notify Bill or Kristy once you have submitted these forms.***

Today's date: ____/____/____

Personal Identification

☐ Mr. ☐ Mrs. ☐ Miss Name _____

Address _____ City _____ZIP _____

Home phone (_____) _____ Other phone (_____) _____

E-mail _____

Birth date ____/____/_____ Age _____ Referred by _____

Marital status: ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Education (last year or degree completed) _____

Employer _____ Position _____ Years _____

In case of an emergency, please contact: _____ (____) _____
Name, Relationship Phone number

Marriage and Family

Spouse _____ Birth date ____/____/____ Age _____

Employer _____ Position _____ Years _____

Date of marriage ____/____/____ Length of dating _____

Give a brief statement of circumstances of meeting and dating. _____

_____

Have either of you been previously married? _____ Who? _____

Have you ever been separated? _____ Filed for divorce? _____

Information about children:

Name	Age	Gender	Education (last year or degree completed)	Step-child?
				☐
				☐
				☐
				☐
				☐

Describe relationship to your father _____

_____

Describe relationship to your mother _____

_____

Number of siblings _____ Your sibling order _____

Did you live with anyone other than parents?_____

_____

Are your parents living? _____ Where do they live? _____

If married, is your spouse willing to come for counseling? _____

Is he/she in favor of your coming? _____ If no, explain _____

_____

Legal

Have you ever been arrested? _____ If yes, please explain _____

_____

Have you ever been the subject or complainant in a protection/restraining order? _____ If yes, please explain _____

Are you currently a party in any civil or criminal proceedings? _____If so, please explain

_____

Health

Describe your health _____

Do you have any chronic conditions? _____ Explain _____

List important illnesses and injuries or handicaps: _____

_____

Date of last medical exam _____ Report _____

Physician's name and address _____

Women only: If you experience any significant symptoms related to your menstrual cycle, please explain ____

_____

Current medication(s) and dosage _____

_____

Have you ever used drugs for other than medical purposes? _____

If yes, explain _____

Do you drink alcoholic beverages? _____ How much and how frequently? _____

Do you drink coffee? _____ How much and how frequently? _____

Other caffeinated drinks? _____ How much and how frequently? _____

Do you smoke? _____ What? _____ Frequency _____

Have you ever had interpersonal problems on the job? _____ If yes, explain _____

_____

Have you ever had a severe emotional upset? _____ If yes, explain _____

_____

Have you ever seen a psychiatrist or counselor? _____ If yes, explain _____

_____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records?_____

Spiritual

Do you believe in God? _____ Do you pray? _____ Would you say you are a Christian? _____

Or in the process of becoming a Christian? _____ Have you been baptized? _____

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

Denominational preference _____

Church attending _____

How often do you attend church?

☐ Never ☐ Occasionally ☐ Once or twice a month ☐ Weekly ☐ More than once a week

How are you involved within the church? _____

Explain any recent changes in your spiritual life_____

_____

Problem Check List

☐ Anger	☐ Depression	☐ Loneliness
☐ Anxiety	☐ Drunkenness	☐ Lust
☐ Apathy	☐ Envy	☐ Memory
☐ Appetite	☐ Fear	☐ Moodiness
☐ Bitterness	☐ Finances	☐ Perfectionism
☐ Changes in lifestyle	☐ Gluttony	☐ Rebellion
☐ Children	☐ Guilt	☐ Sex
☐ Communication	☐ Health	☐ Sleep
☐ Conflicts (fights)	☐ Homosexuality	☐ Wife abuse
☐ Deception	☐ Impotence	☐ A vice
☐ Decision making	☐ In-laws	☐ Other _____

Please answer the following questions

1. What problem are you having (what brings you here)? _____

2. What have you done about this problem? _____

3. What are your expectations from counseling? _____

4. Is there any other information we should know? _____