



Grace Biblical Counseling

A ministry of Morrison Heights

Personal Data Inventory

Personal Information

Date: _____ Telephone: _____

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Gender: _____ Age: _____

Education (last year completed): _____ Other training: _____

Referred here by: _____ Telephone: _____

Health Information

Rate your health: Very Good Good Average Declining Other: _____

Any weight changes lately: Lost Gained Amount: _____

Important illnesses, injuries, or limitations: _____

Date of last physical exam: _____

Physician: _____ Report: _____

Taking medication? Yes No If yes, what? _____

Severe emotional upset before? Yes No Explain: _____

Counselors: Please include this in the Counselee's folder

Religious Background

Would you describe yourself as a saved believer in Christ? Yes No

If YES, answer these questions:

Member of a church? Yes No

Church Name: _____ Location: _____

Church attendance per month: _____

Baptized? Yes No

Do you pray? Daily Often Occasionally Never

How often do you read the Bible? Every day Often Occasionally Never

Do you have family devotions? Yes No

Any recent changes in your religious life: _____

If NO to question above, answer these questions:

Do you consider yourself religious? Yes No Uncertain

Do you believe in God? Yes No Uncertain

Do you pray? Daily Often Occasionally Never

Any recent changes in your religious life: _____

Personality Information

Previous counseling/therapy? Yes No

If yes, counselor/therapist and date: _____

Outcome of those sessions: _____

Words that describe you: Active Ambitious Imaginative Leader Calm Quiet

Persistent Serious Easy-going Shy Sensitive Lonely Introvert Extrovert

Other: _____

Counselors: Please include this in the Counselee's folder

Marriage and Family Information

Spouse Name: _____

Spouse Occupation: _____

Spouse Age: _____ Education (years): _____ Religious belief: _____

Date of marriage: _____

Spouse willing to attend counseling? Yes No Maybe

Ever separated? No Yes When: _____

Filed for divorce? No Yes When: _____

Ages when married – Husband: _____ Wife: _____

How long did you know spouse before marriage? _____

Length of steady dating: _____

Length of engagement: _____

Previous marriages (brief info): _____

List your children and their ages:

Raised by someone other than birth parents? Explain:

Older siblings – Brothers: ____ Sisters: ____

Younger siblings – Brothers: ____ Sisters: ____

Are your parents still alive? _____ Where do they live? _____

What is your relationship with your parents like: _____

Counselors: Please include this in the Counselor's folder