



Grace Biblical Counseling

A ministry of Morrison Heights

Personal Data Inventory

Date _____ Telephone _____

Name: _____ Email: _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Business Telephone _____

Sex _____ Birth Date _____ Age _____ Height _____ Weight _____

Marital Status: Single Dating Married Separated Divorced Widowed

List your Children and their age	Name	Age	Name	Age

Your Education (last year completed) _____ Other training _____

Referred here by _____

Address _____

City _____ State _____ Zip _____ Their telephone _____

Health Information

Rate your health (check) Very Good Good Average Declining Other _____

Any Weight Changes Lately: Lost Gained Amount _____

List any important present or past illnesses, injuries, or limitations _____

Date of last physical exam _____ Report _____

Your physician _____ Address _____

City _____ State _____ Zip _____ Telephone _____

Are you presently taking medication? Yes No What? _____

Have you ever had a severe emotional upset? Yes No What? _____

Have you ever been arrested? Yes No Charges still pending? Yes No