#### **GRACE CHURCH** PLETTENBERG BAY BIBLICAL COUNSELING **PERSONAL DATA INVENTORY**

Please complete this inventory carefully

## PERSONAL IDENTIFICATION

Name				Birth Date			
Address						Zij	p
Age Sex	Referred	By					
Marital Status:	Single	_Engaged	11	Married	Separ	rated	
	Divorced	Wido	wed				
Education(last year c	ompleted)				_		
			Cell Phone				
E-mail		_Which is	s the bes	st means o	f contacting	you?	
Employer		Pc	sition_		Yea	ars	
In case of an emerger	ncy, please conta	act:					(name)
							_(phone number)
MARRIAGE AND	FAMILY						
Spouse					Birth Date_		
AgeOccupation					How Long Employed		
Home Phone							
Date of Marriage				Length of Dating			
Give a brief statemen				l dating			
Have either of you been previously married?				Who?			
Have you ever been separated?			Filed for divorce?				
Information about Ch	nildren:						
Name		Age	Sex	Living	Yr.l	Ed.	Step-Child

Describe relationship to y	our father:
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Describe relationship to your mother:					
Number of siblings Your sibling order					
Did you live with anyone other than parents?					
Are your parents living? Do they live locally?					
HEALTH					
Describe your health:					
Do you have any chronic conditions? What? List important illnesses and injuries or handicaps:					
Last medical exam? Report:					
Physician's name and address:					
Have you ever used drugs for other than medical purposes? If yes, please explain					
Have you ever been arrested?					
Do you drink alcoholic beverages? If so, how frequently and how much?					
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 still in the process of becoming a Christian? Have you been baptized?							
How often do you read the Bible? NeverOccasionallyOftenDaily							
How long have you been attending Grace Community Church?							
Are you a member? Where are you involved in ministry at Grace?							
Have you ever been counseled by a pastor at Grace? What was the situation about and what counsel did you receive?							
Did you implement the counsel given? If no, why not?							
What is your current relationship with Jesus Christ?							
WOMEN ONLY         Have you had any menstrual difficulties?         Do you experience tension, tendency to cry,							
Thave you had any mensurual unneutries? Do you experience tension, tendency to cry,							

 other symptoms prior to your cycle, please explain?

 Is your husband willing to come for counseling?

 Is he in favor of your coming?

 If no, explain:

#### **PROBLEM CHECK LIST**

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	Wife abuse
Deception	Impotence	A vice
Decision Making	In-laws	Other

# **BRIEFLY ANSWER THE FOLLOWING QUESTIONS**

1. What is your problem (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?