

**Grace Biblical Counseling, LLC
Personal Data Inventory**

Date:

Name:

Phone: Home:

Cell:

e-mail:

Address:

Times Available: <circle> Morning Afternoon Evening

Referred by:

Marital status: <circle> Single Married Separated Divorced Remarried

List children: names, ages, living at home, married, grandchildren, names, ages:

List your brothers and sisters with their ages (indicate deceased siblings, if any):

Place of employment:

Position:

What books, movies, TV have you viewed in the last 6 months?

Education: <circle> H.S. Undergrad Degree Grad Degree Trade School

Describe major/specialty, if applicable:

RELIGIOUS BACKGROUND

Are you a believer in Jesus Christ as your Lord and Savior? <circle> Yes No Unsure

If yes, describe circumstances of your conversion:

If yes, what are you doing on a regular basis to grow in your relationship with the Lord?

List your current church membership and year begun.

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Physical symptoms you currently experiencing (circle)?

PMS	Throat problems	Heavy periods
Headaches	Hypoglycemia	Backaches
Sinus infections	Stomach pain	Breathing difficulties
Eating Disorder	Sleeping problems	Other

What emotional symptoms are you currently experiencing (circle)?

Frustration	Irritation	Outbursts of anger	Resentment
Bitterness	Depression	Emotional pain	Self pity
Guilt	Fear	Indecision	Other (describe)

Is there anything else that you would like us to know about you?

COUNSELING EXPECTATIONS

Is there a crisis in your life right now? If yes, describe conditions and effects:

What is the problem that brings you to counseling?

What have you done about it so far?

What expectations do you have regarding this counseling?

What reservations or concerns do you have about seeking counseling?