



GRACE CHURCH

Greeley

BIBLICAL COUNSELING

6400 W 20TH ST
GREELEY, CO 80634
(970) 330-1340
OFFICE@GRACEGREELEY.ORG

Personal Data Inventory

Please complete this inventory carefully.

Today's date: ____/____/____

Personal Information

Mr. Mrs. Miss Name _____

Address _____ City _____ Zip _____

Phone (____) _____ Alt. phone (____) _____ Email _____

Birth date ____/____/____ Age _____

Referred by _____

Marital status: Single Dating 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

Marital and Family Information

If you are **unmarried**, briefly describe how you think about your unmarried status/condition: _____

If you are **married**, briefly describe how you think about your married status/condition: _____

Spouse _____ Birth city/state _____ Birth date ____/____/____ Age _____

Phone (____) _____ Alt. phone (____) _____ Email _____

Employer _____ Position _____ Years _____

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

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

Did you receive premarital counseling? If so, by whom, how many sessions, and what material did you use? _____

_____ Have

either of you been previously married? _____ Who? _____

Have you ever been separated? _____ Filed for divorce? _____ If so, please explain the circumstances: _____

Have either of you, or are either of you now, considering divorce? If so, please explain: _____

If married, the attendance and involvement of your spouse in counseling is required in almost all cases. Is your spouse willing to come for counseling? _____ Is he/she in favor of your coming? _____ If not, please explain: _____

If you have children, please provide the following information:

Name	Age	Gender	Education (last year/degree)	Step-child?
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Describe your current relationship with your children: _____

Describe your relationship with your father: _____

Describe your relationship with your mother: _____

Number of siblings: _____ Your sibling order: _____

Describe any relational problems you have with your siblings: _____

During your upbringing, did you live with anyone other than your parents? _____ If so, with whom and what was your relationship to them? _____

Do you currently live with your parents? _____

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

Are/were your parents divorced? _____ If so, please explain the circumstances: _____

Do you feel safe at home? _____ If not, why not? _____

Legal Information

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 Information

Describe your health: _____

Do you have any chronic conditions? _____ Please explain: _____

List important illnesses, injuries, and/or disabilities: _____

Physician's name and address: _____

Date of last medical exam: _____ What was the result? _____

Women only: Please explain any significant symptoms related to your menstrual cycle: _____

Current medication(s) and dosage: _____

Have you ever used drugs for other than medical purposes? _____ If yes, please 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 and how frequently? _____

Describe your normal diet: _____

How many hours of sleep do you normally get per night? _____ What time do you go to bed _____ and wake

up each day _____ ? Do you have trouble sleeping? _____ If yes, please describe: _____

Please describe the type and frequency of your exercise: _____

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

Are you willing to sign a release of information form to allow your counselor to access your records (i.e., social, psychiatric, medical)? _____ If not, what concerns do you have about signing a release? _____

Spiritual Information

Your religious/denominational identity: current _____ former _____?

Your spouse's religious/denominational identity: current _____ former _____?

Do you believe in God? _____ Would you say you are a Christian, or in the process of becoming a Christian?

_____ Have you been baptized? _____

Would you describe yourself as being "born again"? _____ If not, how do you describe yourself? _____

Are you a "sinner"? _____ How do you define "sin"? _____

What authority(ies) do you answer to for your thoughts and decisions? _____

Can God declare you, a "sinner," to be righteous and still remain just? _____ If so, please explain: _____

_____ If not, what hope do you have of entering heaven when you die? _____

_____ If you don't understand, please indicate by checking here: _____

How often do you read the Bible? Never Occasionally Monthly Weekly Daily

How often do you pray? Never Occasionally Monthly Weekly Daily

How often do you attend church? Never Occasionally Monthly Weekly More

What church do you attend? _____ Member? _____ For how long? _____

Please list the name, address and phone number of your pastor so we may notify your church of your intent to pursue biblical counseling through Grace Church: _____

Describe your involvement within the church: _____

Explain any recent changes in your spiritual life _____

Describe how you lead or influence your family spiritually in the home? _____

Lifestyle Information

How many minutes/hours per day do you watch sports and/or entertainment on a screen (e.g., television, computer, smartphone)? _____

How many minutes/hours per day do you play games? _____

How many minutes/hours per day do you spend online (e.g., surfing the web, reading news or blog sites, social media sites)? _____

Do you use a budget to keep track of your finances? _____ Are you in any debt? _____ If so, how much do you owe and to whom? _____

What kind of work do you do? _____ How many hours per week do you work? _____

Describe the type and frequency of your weekly rest: _____

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

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

How would you describe your personality/disposition? _____

Other than the Bible, what kinds of books do you read? _____

On an average, how many pages do you read per day (or per week)? _____

What kind of music do you listen to the most? _____

Problem Checklist

Using a 1-10 scale (10 = most severe), place a number in the box next to each category that applies to you.

	Abuse		Entertainment		Perfectionism
	Adultery		Fear		Pessimism
	Alcohol use/abuse		Finances		Pornography
	Allergy(ies)		Games/Gaming		Procrastination
	Anger		Gluttony		Purpose(lessness)
	Anxiety		Gossip		Rebellion
	Apathy		Guilt		Respect
	Appetite		Hatred		Rudeness
	Authority		Health		Security (physical)

	Bitterness		Homosexuality		Security (spiritual)
	Changes (life, lifestyle)		Hopelessness		Self-centeredness
	Children		Identity (gender, sexual)		Self-control
	Communication		Impatience		Self-discipline
	Co-workers		Impotence		Self-harm
	Conflicts (arguments, fights)		In-laws		Self-image
	Controlling		Insecurity		Sex
	Criticism		Jealousy		Singleness
	Deception		Loneliness		Sleep
	Decision making		Loss		Spousal abuse
	Depression		Lust		Stress
	Despair		Lying		Substance use/abuse
	Direction		Marriage		Suicide (actual, potential)
	Disrespect		Medical issue(s)		Time (use, abuse)
	Divorce (actual, potential)		Memory		Vengefulness
	Driving anxiety/road rage		Moodiness		Vice(s)
	Doubt(s)		Paranoia		Widowhood
	Drunkenness		Parenting		Work
	Eating (difficulty, disorder)		Parents		Worry
	Envy		Patience		Other: _____

Please answer the following questions:

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

2. Give a real-life example of this concern, being as specific and concrete as possible. Explain what led up to the event, what happened, where it happened, what was said, how you (and others) reacted, and what happened afterward. _____

3. When did this problem start, and why do you think it started? _____

4. What have you done about this problem? _____

5. What are your expectations from counseling? _____

6. Please complete the following sentence. "Life would be great and I would be happy if ..." _____

7. Please complete the following sentence. "More than anything, I really need ..." _____

8. If this form has not allowed for the most transparent picture of you or the nature of your concern, please provide whatever additional explanation is necessary to give the fullest picture possible. _____

I am requesting biblical counsel from Grace Church. I understand that submitting my application does not guarantee the commencement of formal counseling. Needs are considered on a case by case basis and will follow the discipleship recommendation of the elders and/or elder-approved counselors.

Applicant's Signature _____

Date _____