GRACE
BIBLICAL COUNSELING

Personal Information Form

COUNSELEE INFORMATION

Name: _____

Email: _____

Address: _____

Phone: _____(home) _____ (cell)

Birth Date: _____ Sex? ☐ Female ☐ Male

Highest level of education completed: _____ Degree? _____

Employer: _____ Occupation: _____

Marital Status? ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged

Referred to GFC Counseling by: _____

REASON FOR SEEKING BIBLICAL COUNSELING

Why do you desire to meet with a biblical counselor?

_____

_____

_____

What significant events occurred in your life and/or your family's life when this issue began?

_____

_____

_____

What have you done, on your own, to resolve this issue?

_____

_____

_____

How would things be different for you if the issue was remedied?

_____

_____

_____

What results are you expecting in coming for biblical counseling?

_____

_____

_____

Have you ever had any structured counseling before? ☐ Yes ☐ No

When were you in counseling last: _____ For How Long: _____

What circumstances led you to seek counseling?

_____

_____

PERSONALITY DATA

Check any of the following words that best describe you now:

☐ Active ☐ Shy ☐ Hardworking ☐ Leader ☐ Compulsive ☐ Nervous ☐ Likeable

☐ Impulsive ☐ Follower ☐ Excitable ☐ Impatient ☐ Self-conscious ☐ Often-blue ☐ Sarcastic

☐ Serious ☐ Moody ☐ Jealous ☐ Calm ☐ Self-confident ☐ Easy-going ☐ Imaginative

☐ Ambitious ☐ Good-natured ☐ Persistent ☐ Quiet ☐ Introverted ☐ Extroverted

☐ Fearful ☐ Loner ☐ Stubborn

Others:_____

Complete the following sentences:

People that know me think I am:

_____

_____

If they knew the "real me," they would know I am

_____

_____

What I desire more than anything else in life is:

_____

_____

_____

What I fear most in life is:

_____

_____

_____

Is there any other information about your personality that would be helpful for us to know?

PHYSICAL ISSUES	EMOTIONAL ISSUES	LIFESYLE/CHOICES ISSUES
☐ No energy	☐ Hopeless feelings	☐ Difficulty making decisions
☐ Cannot enjoy life	☐ Anger outbursts	☐ Foolish purchases
☐ Memory problems	☐ Excessive worry	☐ Physical violence
☐ Fatigue	☐ Mood swings	☐ Sexual indiscretions
☐ Insomnia	☐ Flashbacks	☐ Self-medicating
☐ Nightmares	☐ Losing track of time	☐ Crazy behavior
☐ Poor appetite	☐ Distrustful	☐ Hard to make friend
☐ Stomach problems	☐ Startles easily	☐ High-risk activities
☐ Socially withdrawn	☐ Suicidal thoughts	☐ Overly confident
☐ Poor concentration	☐ Fears	☐ Overspending
☐ Sleeps too much	☐ Confusion	☐ Work problems
☐ Slow thinking	☐ Panic attacks	☐ Family arguments
☐ Low self-worth	☐ Relives past events	☐ Overeating
☐ Weight change	☐ Disturbing memories	☐ Alcohol use
☐ Headaches	☐ Difficult focusing	☐ Drug use
☐ Chest pain	☐ Unsure of identity	

PHYSICAL ISSUES	EMOTIONAL ISSUES	LIFESYLE/CHOICES ISSUES
☐ Blackouts/fainting	☐ Anxiety	
☐ Dizziness	☐ Racing thoughts	
☐ Eating disorder	☐ Depressed	
☐ Sexual difficulties	☐ Unwanted thoughts	
☐ Hallucinations	☐ No loving feelings	
☐ Feelings of guilt	☐ Always on guard/edgy	
☐ Shortness of breath	☐ Hearing voices	
☐ Heart palpitations		

HEALTH INFORMATION

Your health? ☐ Very Good ☐ Good ☐ Average ☐ Poor

When do you typically go to sleep and get up?

_____

Have you had any health changes in the last two years? ☐ Yes ☐ No

If so, what changed?

_____

_____

_____

List all important present or past illnesses, injuries, or disabilities:

_____

_____

_____

Date of last medical exam: _____

Were there any health issues of significance addressed by your doctor in this exam?

_____

_____

_____

Are you presently taking medication? ☐ Yes ☐ No

If so, please list your medications by name, dosage strength, frequency taken, and reason for it:

Medication	Dosage Strength	Frequency Taken	Reason For It

Do you use any recreational drugs? ☐ Yes ☐ No

If yes, please disclose:

_____

_____

_____

RELIGIOUS BACKGROUND

What type of church did you attend growing up? Respond "N/A" if you did not attend any church.

_____

How long have you been attending Grace?

_____

How often do you attend church?

_____

How would you describe your relationship with God?

_____

_____

_____

How frequently do you read the Bible? ☐ 4-6 times a week ☐ 1-3 times a week ☐ Never

MARRIAGE AND FAMILY INFORMATION, IF APPLICABLE

Spouse's Name: _____

Spouse's Email: _____

Phone: _____ ☐ Cell

Date of Marriage: _____. Age When Married: Husband. _____ Wife _____

Is your spouse willing to come for counseling? ☐ Yes ☐ No ☐ Uncertain

Have you previously been married? ☐ Yes ☐ No

If so, what were the years of your previous marriage? From _____ to _____

Information About Your Children

Name	Age	Sex	Marital Status	PR*
				☐
				☐
				☐
				☐
				☐
				☐

**Check this column if child is by previous relationship/marriage.*

Anything else you believe would be helpful for your counselor to know:

_____

_____

_____

_____

_____

_____

_____

_____

_____

I attest that the information provided in this form is both accurate and truthful.

Signature: _____ Date: _____