

Grace Community Church - PDI

Please fill out this Personal Data Inventory and submit. A Pastor or member of our counseling team will contact you within 48 hours.



Basic Information



Health



Religious Background



Personality



Marriage and Family



Situational Information

Name *

First	Last

Today's Date

	/		/		[]
MM		DD		YYYY	

Gender

Phone Number *

	-		-	
###		###		####

Address

Email

*This is how we will contact you in the near future. Please check for accuracy. *

Occupation

Birthdate

Age

Marital Status

- Single
 Going Steady
 Married
 Separated
 Divorced
 Widowed

Education (Last year completed)

Other training or schooling

Were you referred here? By whom?

Above individual's phone number

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Situational Information

Health Information

Please answer the following questions.

Rate your overall health:

- Very Good
- Good
- Average
- Declining

Approximate Weight:

Weight changes recently?

- Lost
- Gained

List all important present or past illnesses, injuries, or handicaps

Date of last medical exam

Your physician's name and address

Are you currently taking any medications? If so, which ones?

Have you ever been severely emotionally upset? Why?

Have you ever been arrested? If so, when and for what?

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Situational Information

Religious Background

Please answer the following questions.

Denominational preference:

Are you a member of a church? Where? (If you attend Grace Community Church, please specify whether you attend at the downtown Iowa City location or the North Liberty location.)

Is your Pastor or House Church leader aware you are coming for counseling? (Please provide their name.)

Monthly Church Attendance

- 1 time 2 -3 times Most weeks House Church

Did you attend church growing up? What denomination?

Have you been baptized?

- No Yes, as a baby Yes, as a child or adult

Religious background of spouse (if married):

Do you consider yourself a religious person?

- Yes No Sometimes

Do you believe in God?

- Yes No Sometimes Uncertain

Do you pray to God?

- Yes No Sometimes Often

Are you saved?

- Yes No Not sure

How much do you read your Bible?

- Never Occasionally Often

Do you have regular family devotions?

- Never Occasionally Often Not Applicable

Explain any recent changes in your religious life:

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Personality Information

Please answer the following questions.

Have you ever had counseling or psychotherapy before? When?

What was the outcome?

Check any of the traits below that describe you well:

- active ambitious self-confident persistent nervous hardworking
- impatient moody often blue (down) excitable easygoing leader
- quiet shy introvert extrovert calm likeable serious
- self-conscious sensitive lonely

Do you ever feel like others are watching you?

- Yes No

Do colors ever seem too bright?

- Yes No

Do colors ever seem too dull?

- Yes No

Do you have trouble judging distances?

- Yes No

Have you ever had hallucinations?

- Yes No

Are you afraid of being in the car?

- Yes No

Is your hearing exceptionally good?

- Yes No

Do you have problems sleeping?

- Yes No

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Marriage and Family Info:

Please answer the following questions.

Spouse's Name

First	Last

Spouse's Email

Spouse's Phone Number

Spouse's Age

Spouse's level of education

Spouse's Religion

Date of wedding?

	/		/		MM
	/		/		DD
	/		/		YYYY

Your ages when married?

How long did you know your spouse before marriage?

How long did you date? (unengaged)

How long was your engagement?

Is your spouse willing to come to counseling?

Yes No Maybe

Have you ever been separated from current spouse?

Yes No

If so, when and for how long?

Have either of you filed for divorce? When?

Briefly describe any previous marriages by you or your spouse:

Please list all children you have had with your current spouse and their ages:

Please list all children you or your spouse have from previous marriages or relationships and their ages:

If you were raised by someone other than your birth parents, please briefly explain:

Please list your siblings and their ages:

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Situational Information

Please thoroughly and thoughtfully answer the following questions to help us know how best to serve you:

What is the problem as you see it? What brings you here? *

What have you done about the problem? *

What can we do? What are your expectations in coming here? *

Describe yourself:

Other info?