

New Life Christian Fellowship
Personal Data Inventory for Biblical Counseling

Date: _____

Completed by: _____

Personal Identification

Name _____ DOB _____

Address _____

Age _____ Sex _____ Referred by: _____

Marital Status: _____ Education (last year completed) _____

Home Phone: _____ Additional Phone: _____

Employer: _____ Position: _____

Misc. _____

Parents

Describe your relationship with your mother... _____

Describe your relationship with your father... _____

How would you describe your relationship with your step-mother... step-father?

Is there anything else I should know about your childhood? (abuse, neglect...???)

Marriage

Current Spouse

Name _____ Age _____

Date of Marriage? _____ Length of Marriage? _____

Circumstances of meeting and dating? _____

Current Relationship with ex-spouse? _____

Current problems in marriage? _____

How would you define the roles you each have in marriage? _____

Concerns about sex life? _____

Financial concerns? _____

Describe your communication _____

How do you deal with conflict? _____

Misc. _____

Previous Spouse

Name _____ Age _____

Date of Marriage? _____ Length of Marriage? _____

How did marriage end? _____

Reason marriage ended? _____

Circumstances of meeting and dating? _____

Current Relationship with ex-spouse? _____

Previous Spouse

Name _____ Age _____

Date of Marriage? _____ Length of Marriage? _____

How did marriage end? _____

Reason marriage ended? _____

Circumstances of meeting and dating? _____

Current Relationship with ex-spouse? _____

Other Relational Concerns (children, friends, co-workers)

Information about children (names, ages, sex, living, location, years ed.)

Describe your relationship with your children... _____

Information about siblings (names, ages, sex, living, location, etc.) _____

Describe your relationships you're your siblings... _____

Misc. _____

Physical Health

Describe your health: _____

Do you have any chronic conditions? _____

Date of last medical exam? _____ Report: _____

Physician's name / address: _____

Have you ever been diagnosed with a mental illness? _____

What has been your experience with psychiatrists, secular counselors???

Current medication: _____

Illegal Drug Use? _____ Smoking? _____ Alcohol? _____

Sleep problems? _____ Nutrition / Eating Problems _____

Activity level? _____

Misc. _____

Spiritual Condition

How would you define the gospel? _____

Give a brief overview of your testimony... _____

How often do you read the Scriptures? _____ Pray? _____

Church attending? _____ Member?: _____

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8+

Explain any recent changes in your spiritual life? _____

Pressures (financial, job, etc.)

Significant past failures? _____

Current challenges at work? _____

Misc. _____

Summation

What problems would you like help with? _____

What have you done about these problems? _____

What are your expectations from biblical counseling? _____

Is there any other information I should know? _____
