



*Grace Community Church*  
*Biblical Counseling Center*

8400 W. Beloit Rd.  
West Allis, WI 53227  
Phone: (414) 771-3020  
Email: office@ourgcc.com  
www.ourgcc.com

Personal Data Inventory

**IDENTIFICATION DATA:**

Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Marital Status: (Please Check)  
Single: \_\_\_ Going Steady: \_\_\_ Married: \_\_\_ Separated: \_\_\_ Divorced: \_\_\_ Widowed: \_\_\_  
Education (highest grade level completed): \_\_\_\_\_  
Referred here by: \_\_\_\_\_ Address: \_\_\_\_\_

**HEALTH INFORMATION:**

Rate your health (health): Very Good \_\_\_ Good \_\_\_ Average \_\_\_ Declining \_\_\_ Other \_\_\_  
Your Approximate Weight: \_\_\_\_\_ lbs. Recent weight changes: Lost \_\_\_ Gained \_\_\_  
List all important present or past illnesses or injuries or handicaps: \_\_\_\_\_  
\_\_\_\_\_  
Date of last medical examination: \_\_\_\_\_ Report: \_\_\_\_\_  
\_\_\_\_\_  
Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Are you presently taking any medications? Yes \_\_\_ No \_\_\_ Please list: \_\_\_\_\_  
\_\_\_\_\_  
Have you used drugs for other than medical purposes? Yes \_\_\_ No \_\_\_  
If yes, please explain: \_\_\_\_\_  
Have you ever had a severe emotional upset? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
Have you ever been arrested? Yes \_\_\_ No \_\_\_  
Are you willing to sign a release of information form so that your counselor may write for social,  
Psychiatric, or medical reports? Yes \_\_\_ No \_\_\_  
Have you recently suffered the loss of someone who was close to you? Yes \_\_\_ No \_\_\_  
If yes, please explain: \_\_\_\_\_  
Have you recently suffered loss from serious social, business or other reversals? Yes \_\_\_ No \_\_\_  
If yes, please explain: \_\_\_\_\_



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**RELIGIOUS BACKGROUND:**

Denominational preference: \_\_\_\_\_ Member: \_\_\_\_\_

Church attendance per month (circle): 0 1 2 3 4 5 6 7 9 10+

Church attended in childhood: \_\_\_\_\_

Baptized? Yes \_\_\_ No \_\_\_

Religious background of spouse, if married: \_\_\_\_\_

Do you consider yourself a religious person? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

Do you believe in God? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

Do you pray to God? Never \_\_\_ Occasionally \_\_\_ Often \_\_\_

Are you saved? Yes \_\_\_ No \_\_\_ Not sure what you mean \_\_\_

How often do you read the Bible? Never \_\_\_ Occasionally \_\_\_ Often \_\_\_

Do you have regular devotions? Yes \_\_\_ No \_\_\_

Explain any recent changes in your religious life, if any: \_\_\_\_\_

**PERSONALITY INFORMATION:**

Have you ever had psychotherapy counseling or counseling before? Yes \_\_\_ No \_\_\_

If yes, list the counselor or therapist and dates: \_\_\_\_\_

What was the outcome? \_\_\_\_\_

Which words best describe you now (circle)? active ambitious self-confident persistent nervous  
hard-working impatient impulsive moody often-blue excitable likeable leader quiet  
hard-boiled submissive lonely self-conscious submissive sensitive other \_\_\_\_\_

Have you ever felt people are watching you? Yes \_\_\_ No \_\_\_

Do people's faces ever seem distorted? Yes \_\_\_ No \_\_\_

Do you ever have difficulty distinguishing faces? Yes \_\_\_ No \_\_\_

Do colors ever seem too bright? Yes \_\_\_ No \_\_\_ Too dull? Yes \_\_\_ No \_\_\_

Are you sometimes unable to judge distance? Yes \_\_\_ No \_\_\_

Have you ever had hallucinations? Yes \_\_\_ No \_\_\_

Are you afraid of being in a car? Yes \_\_\_ No \_\_\_

Is your hearing exceptionally good? Yes \_\_\_ No \_\_\_

Do you have problems sleeping? Yes \_\_\_ No \_\_\_



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**Please Complete**

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What is your problem?
2. What have you done about it?
3. What can we do? (what are your expectations in coming here?)
4. As you see yourself, what kind of person are you? Describe yourself.
5. What if anything do you fear?
6. Is there any other information we should know?