

PERSONAL BACKGROUND FORM*

This inventory gives us an overview of your story so we can understand how best to serve you. Please fill it out honestly and thoughtfully. We will handle the information with loving prudence.

GENERAL INFORMATION

We'll need your basic information to contact you and get a general sense of what occupies your life.

Name: _____ Date of Birth : _____
First & Last

Do you attend a home group at GCF? If so, which one? _____

Current Physical Address:

Address Line 1

Apt, Suite, etc.

City

State

5-Digit Zip Code

Age _____ Sex _____ Referred by (if applicable) _____

Marital Status: Single Engaged Married Separated Divorced Widowed

Home Phone: _____ Work Phone: _____

Email address: _____

Employer _____ Position: _____

Time with current employer: _____ Education (degree level): _____

Give ten words that describe your personality.

* This form was taken from *The Pastor & Counseling* by Jeremy Pierre and Deepak Reju, which was developed in part from the Personal Data Inventory in Jay E. Adams, *Competent to Counsel: Introduction to Nouthetic Counseling* (Grand Rapids: Zondervan, 1970), as well as unpublished training material from Stuart Scott.]

MARRIAGE & FAMILY

Few relationships are as involved in your daily experience as family. We'll need the basics to understand how best to help you. If there is anything you think we should know that isn't mentioned in this section, please feel free to write it in.

If single, please describe your attitude toward your singleness.

If married, please fill out the following regarding your spouse:

Spouse name: _____ Date of birth: _____

Age: _____ Date of marriage: _____ Length of dating: _____

Occupation: _____ For how long? _____

Home phone: _____ Work phone: _____

Give a brief statement of circumstances of meeting and dating.

Has either of you been previously married? Yes No

If so, provide the name of your previous spouse: _____

Have you ever been separated from one another? Yes No

Have you ever filed for divorce? Yes No

Children:

<i>Name</i>	<i>Age</i>	<i>Sex</i>	<i>Education</i>	<i>Stepchild?</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

GROWING UP YEARS

While we don't think that childhood experiences strictly determine how we respond as adults, we do recognize that past experience influences present perspectives. So we will ask you to describe the family you came from. Again, if there is anything you think we should know that isn't mentioned in this section, please feel free to write it in.

Describe your relationship with your father.

Describe your relationships with your siblings (include number of siblings and birth order).

Describe your relationship with your mother.

Describe any significant events in your family life growing up.

Did you live with anyone other than your parents? If so, please describe the relationship.

HEALTH

We are physical as well as spiritual beings, and our bodies are important factors in our experience. Though we counselors are not medical professionals, it's helpful for us to know general facts about your health.

Describe your health generally (*i.e.* good/avg/poor/other; exercise 1x/week, 2x/week, none, etc.)

Do you have any chronic condition or significant illness, injury, or disability?

Professional Medical Help

Physician's name and address:

Date of last medical exam: _____ Report: _____

Have you ever seen a psychiatrist or psychologist? Yes No

If yes, please explain. _____

Psychiatrist's/psychologist's name and address:

Date of last appointment: _____ Report: _____

Are you willing to sign a release of information form so that your counselor may attain social, psychiatric, or other medical records? Yes No

Current medication(s)

Dosage

_____	_____
_____	_____
_____	_____
_____	_____

Have you ever used drugs for anything other than medical purposes? Yes No

If yes, please explain. _____

Substance Use

Substance

Yes/No

How frequently and how much?

Alcoholic beverages? Yes No _____

Caffeine? Yes No _____

Tobacco products? Yes No _____

OTHER

Have you ever been arrested? Yes No

If yes, please explain. _____

Have you ever had interpersonal problems on the job? Yes No

If yes, please explain. _____

Have you ever had a severe emotional upset? Yes No

If yes, please explain. _____

Have you recently experienced a trauma or any significant life changes? Yes No

If yes, please explain. _____

Women Only

Please explain any menstrual symptoms that affection your functioning, such as tension or a tendency to cry.

If you are married, is your husband supportive of your coming for counseling? Is he willing to be involved?

Do you feel safe at home?

Children Only

How open are you with your parents/caretakers about your troubles?

Do you feel safe at home?

Spiritual Pursuit

While we view all of human life as spiritual in nature, our religious identification indicates a lot about how we exercise our spirituality. We ask this information to get a better grasp of how you pursue God in your life experience.

Name of church you attend: _____

Are you a member? Yes No

What year did you start attending the church? _____

What year did you become a member? _____

Aside from attending, what roles and responsibilities do you have at the church?

What denominations or religions have you been involved with in the past? Please note any significant changes in your religious life.

Which statement best describes your relationship to Jesus Christ? If you don't like any of these, write your own.

I follow Jesus Christ as my Lord and Savior.

I used to follow Jesus Christ, but no longer do.

I am interested in Jesus Christ and am still learning what it means to follow him.

I am not interested in following Jesus Christ as my Lord and Savior.

Other: _____

If you pray, describe your prayer life:

How often do you read the Bible?

Never Occasionally Often Daily

Does God have anything to do with the problem that troubles you? Explain.

Problem Checklist

We realize that problems can't be described fully in a form like this. This is our attempt to get only the lay of the land so that we can more efficiently explore what we need to in order to help. If your problem is not listed here, feel free to write it in.

- | | | |
|--|---|--|
| <input type="checkbox"/> Alcohol overuse | <input type="checkbox"/> Depression | <input type="checkbox"/> Motivation/apathy |
| <input type="checkbox"/> Anger/aggression | <input type="checkbox"/> Desire, overwhelming | <input type="checkbox"/> Obsessions, compulsions |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Drug use | <input type="checkbox"/> Pain, chronic physical |
| <input type="checkbox"/> Attention/concentration | <input type="checkbox"/> Eating problems | <input type="checkbox"/> Parenting issues |
| <input type="checkbox"/> Bitterness | <input type="checkbox"/> Fatigue/tiredness | <input type="checkbox"/> Relational difficulty |
| <input type="checkbox"/> Change in lifestyle | <input type="checkbox"/> Fear | <input type="checkbox"/> Same-sex attraction |
| <input type="checkbox"/> Childhood issues | <input type="checkbox"/> Financial problems | <input type="checkbox"/> Sexual dysfunction |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Guilt | <input type="checkbox"/> Sexual lust/immorality |
| <input type="checkbox"/> Conflict, interpersonal | <input type="checkbox"/> Insecurity | <input type="checkbox"/> Sleeplessness |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Thoughts, invasive |
| <input type="checkbox"/> Decision making | <input type="checkbox"/> Moodiness | <input type="checkbox"/> Other _____ |

Problem Overview in Your Own Words

Describe what problem brings you here.

What have you done about the problem so far?

What are your expectations for counseling?

Is there any other information that we should know?
