

# PERSONAL DATA INFORMATION FORM (P.D.I.)

**(Ages 5-13)**

This form must be completed in full before the first counseling session. ALL INFORMATION IS CONFIDENTIAL. Please write "N/A" when information does not apply to you. Write "U" when information is not known. Please have child fill out as much as they can and assist where they cannot, we are looking for their point of view.

## IDENTIFICATION DATA

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Parent(s)/Guardian name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email \_\_\_\_\_

Gender: (M) \_\_\_\_\_ (F) \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_

Referred here by \_\_\_\_\_

## HEALTH INFORMATION

Rate your health (check): Very Good \_\_\_ Good \_\_\_ Average \_\_\_ Declining \_\_\_ Other \_\_\_

Weight changes recently (+/-) \_\_\_\_\_

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

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Are you presently taking medication: Yes \_\_\_\_\_ No \_\_\_\_\_

**CHURCH AVCTIVITY**

Do you attend The Chapel? Yes \_\_\_\_\_ No \_\_\_\_\_

Which Campus do you regularly attend? \_\_\_\_\_

How long attending The Chapel? \_\_\_\_\_

How often do you attend per month? (Circle) 0 1 2 3 4 5 6 7 8 9 10+

Do you attend a Partner Church: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Partner Church \_\_\_\_\_

How long attending? \_\_\_\_\_

Do you attend a youth group? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which one? \_\_\_\_\_

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

Do you believe satan exists? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Do you pray to God? Yes \_\_\_\_\_ No \_\_\_\_\_ Never \_\_\_\_\_ Occasionally \_\_\_\_\_ Often \_\_\_\_\_

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

Explain recent changes in your walk with God:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**PERSONALITY INFORMATION:**

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

If yes, list counselor or therapists and dates:

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What was the outcome?

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As you see yourself, what kind of person are you? Describe yourself.

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What, if anything, do you fear?

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Have you recently suffered a loss from serious relational, social, business, or other reversals, etc.?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain:

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Is there any other information that would help us to help you?

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**FAMILY AND CHILDHOOD INFORMATION:**

Have you been or are you being raised by anyone other than your biological parents?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, briefly explain by who and why:

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How many older brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

How many younger brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

Are you on good terms with your Father \_\_\_\_\_ Mother \_\_\_\_\_ Brother(s) \_\_\_\_\_

Sisters(s) \_\_\_\_\_

What number child were you in the birth order? \_\_\_\_\_

List the people that you hate or are extremely angry with, and the reasons:

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**Circle any of the following words which best describe YOU now:**

Godly Ethical Hypocritical Strict Angry Unreasonable Abusive Irresponsible

Cruel Uneducated Proud Embarrassing Active Ambitious Self-confident

Persistent Nervous Hardworking Impatient Impulsive Moody Often-blue

Excitable Imaginative Calm Serious Easy-going Shy Good-natured Introvert

Extrovert Likable Leader Quiet-boiled Hard-boiled Submissive Lonely

Self-conscious Sensitive Humorous Sloppy Well-groomed Self-disciplined

Whiner Selfish Lots of Friends Failure Success Other \_\_\_\_\_

**What kind of home are YOU growing up in? (Check all that apply)**

\_\_\_\_\_ Traditional (Father, Mother, Kids)

\_\_\_\_\_ Authoritarian (Father or Mother made all the rules without discussion. Would not allow for other opinions.)

\_\_\_\_\_ Divorced (Who did you live with? \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Other)

\_\_\_\_\_ Alcoholic (\_\_\_\_ Skid row \_\_\_\_ Functional, but affected \_\_\_\_ Dysfunctional effect on family)

\_\_\_\_\_ Drug Affected (\_\_\_\_ Cocaine \_\_\_\_ Heroin \_\_\_\_ Marijuana \_\_\_\_ Other)

\_\_\_\_\_ Perfectionist (Everything had to be done just right to please \_\_\_\_\_ Mom \_\_\_\_ Dad \_\_\_\_\_ Both)

\_\_\_\_\_ Critical (One or both parents could only remark about the negatives. Little praise for good things).

\_\_\_\_\_ Affectionate (\_\_\_\_ Demonstrative with hugs, kisses, etc. \_\_\_\_\_ Affection there, but not openly shown).

\_\_\_\_\_ Emotional ( \_\_\_\_\_ Crying allowed, but controlled. \_\_\_\_\_ Anger, screaming freely allowed).

\_\_\_\_\_ Repressed ( \_\_\_\_\_ Emotions not allowed to show. \_\_\_\_\_ Parents showed emotion, but kids not allowed to do so).

\_\_\_\_\_ Religious ( \_\_\_\_\_ In name only \_\_\_\_\_ Strict, negative \_\_\_\_\_ Hypocritical \_\_\_\_\_ Genuine Happy Experience).

\_\_\_\_\_ Step-family ( \_\_\_\_\_ Which of parents remarried? \_\_\_\_\_ Had to live with step-brothers or step-sisters)

\_\_\_\_\_ Abusive (In what way? \_\_\_\_\_ Sexual \_\_\_\_\_ Physical Beatings \_\_\_\_\_ Emotional)

\_\_\_\_\_ Other: \_\_\_\_\_

**What kind of home did your FATHER grow up in? (Check all that apply)**

\_\_\_\_\_ Traditional (Father, Mother, Kids)

\_\_\_\_\_ Authoritarian (Father or Mother made all the rules without discussion. Would not allow for other opinions.)

\_\_\_\_\_ Divorced (Who did he live with? \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Other)

\_\_\_\_\_ Alcoholic ( \_\_\_\_\_ Skid row \_\_\_\_\_ Functional, but affected \_\_\_\_\_ Dysfunctional effect on family)

\_\_\_\_\_ Drug Affected ( \_\_\_\_\_ Cocaine \_\_\_\_\_ Heroin \_\_\_\_\_ Marijuana \_\_\_\_\_ Other)

\_\_\_\_\_ Perfectionist (Everything had to be done just right to please his \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Both)

\_\_\_\_\_ Critical (One or both parents could only remark about the negatives. Little praise for good things).

\_\_\_\_\_ Affectionate ( \_\_\_\_\_ Demonstrative with hugs, kisses, etc. \_\_\_\_\_ Affection there, but not openly shown).

\_\_\_\_\_ Emotional ( \_\_\_\_\_ Crying allowed, but controlled. \_\_\_\_\_ Anger, screaming freely allowed).

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\_\_\_\_\_ Step-family ( \_\_\_\_\_ Which of parents remarried? \_\_\_\_\_ Had to live with step-brothers or step-sisters)

\_\_\_\_\_ Abusive (In what way? \_\_\_\_\_ Sexual \_\_\_\_\_ Physical Beatings \_\_\_\_\_ Emotional)

\_\_\_\_\_ Other: \_\_\_\_\_

**What kind of home did your MOTHER grow up in? (Check all that apply)**

\_\_\_\_\_ Traditional (Father, Mother, Kids)

\_\_\_\_\_ Authoritarian (Father or Mother made all the rules without discussion. Would not allow for other opinions.)

\_\_\_\_\_ Divorced (Who did she live with? \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Other)

\_\_\_\_\_ Alcoholic ( \_\_\_\_\_ Skid row \_\_\_\_\_ Functional, but affected \_\_\_\_\_ Dysfunctional effect on family)

\_\_\_\_\_ Drug Affected ( \_\_\_\_\_ Cocaine \_\_\_\_\_ Heroin \_\_\_\_\_ Marijuana \_\_\_\_\_ Other)

\_\_\_\_\_ Perfectionist (Everything had to be done just right to please her \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Both)

\_\_\_\_\_ Critical (One or both parents could only remark about the negatives. Little praise for good things).

\_\_\_\_\_ Affectionate (\_\_\_\_\_ Demonstrative with hugs, kisses, etc. \_\_\_\_\_ Affection there, but not openly shown).

\_\_\_\_\_ Emotional (\_\_\_\_\_ Crying allowed, but controlled. \_\_\_\_\_ Anger, screaming freely allowed).

\_\_\_\_\_ Repressed (\_\_\_\_\_ Emotions not allowed to show. \_\_\_\_\_ Parents showed emotion, but kids not allowed to do so).

\_\_\_\_\_ Religious (\_\_\_\_\_ In name only \_\_\_\_\_ Strict, negative \_\_\_\_\_ Hypocritical \_\_\_\_\_ Genuine Happy Experience).

\_\_\_\_\_ Step-family (\_\_\_\_\_ Which of parents remarried? \_\_\_\_\_ Had to live with step-brothers or step-sisters)

\_\_\_\_\_ Abusive (In what way? \_\_\_\_\_ Sexual \_\_\_\_\_ Physical Beatings \_\_\_\_\_ Emotional)

\_\_\_\_\_ Other: \_\_\_\_\_

**Would you characterize your FATHER as: (Circle the appropriate words)**

Godly Ethical Hypocritical Strict Angry Unreasonable Abusive Irresponsible

Cruel Uneducated Proud Embarrassing Active Ambitious Self-confident

Persistent Nervous Hardworking Impatient Impulsive Moody Often-blue

Excitable Imaginative Calm Serious Easy-going Shy Good-natured Introvert

Extrovert Likable Leader Quiet-boiled Hard-boiled Submissive Lonely

Self-conscious Sensitive Humorous Sloppy Well-groomed Self-disciplined

Whiner Selfish Lots of Friends Failure Success Other \_\_\_\_\_



**Would you characterize your MOTHER as: (Circle the appropriate words)**

Godly Ethical Hypocritical Strict Angry Unreasonable Abusive Irresponsible

Cruel Uneducated Proud Embarrassing Active Ambitious Self-confident

Persistent Nervous Hardworking Impatient Impulsive Moody Often-blue

Excitable Imaginative Calm Serious Easy-going Shy Good-natured Introvert

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Whiner Selfish Lots of Friends Failure Success Other \_\_\_\_\_

Where did you grow up? \_\_\_\_\_ Urban Area \_\_\_\_\_ Suburban Area \_\_\_\_\_ Small Town

\_\_\_\_\_ Rural \_\_\_\_\_ Farm \_\_\_\_\_ City Population \_\_\_\_\_ (estimate)

What was your family's economic situation when you were a child?

\_\_\_\_\_ Extremely poor \_\_\_\_\_ Poor \_\_\_\_\_ Lower Middle Income \_\_\_\_\_ Middle Income \_\_\_\_\_

Higher Middle Income \_\_\_\_\_ Wealthy \_\_\_\_\_ Extremely wealthy

Were you ever sexually abused by anyone? \_\_\_\_\_ No \_\_\_\_\_ Yes

Please detail: \_\_\_\_\_ Were you abused by a relative? \_\_\_\_\_ Were you abused by a stranger? \_\_\_\_\_ A neighbor?

How old were you at the time? \_\_\_\_\_

Was the person who abused you ever prosecuted? \_\_\_\_\_ No \_\_\_\_\_ Yes

Have you used drugs for other than medical purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

What?

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When last used?

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What was your happiest memory as a child?

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What was your unhappiest memory as a child?

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Which parent did you feel closest to? \_\_\_\_\_

Why?

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Did you experience a major trauma when you were a child? Detail:

\_\_\_\_ At Home \_\_\_\_\_

\_\_\_\_ At School \_\_\_\_\_

\_\_\_\_ At Neighbor's Home \_\_\_\_\_

\_\_\_\_ At Relative's Home \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

**TELEVISION & ENTERTAINMENT**

How much non-school related time do you spend on your cell phone, video games or computer daily?  
\_\_\_\_\_ Hrs.

How much television do you watch each day? \_\_\_\_\_ Hrs.

List your favorite programs/games:

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What is your favorite type of music?

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List your favorite entertainers:

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**BIO-PSYCHOLOGICAL INFORMATION**

Have you ever felt people were 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 \_\_\_\_\_

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 \_\_\_\_\_

**PERSONAL BEHAVIORAL HABITS**

Do you explode when you get angry? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you withdraw when you get angry or hurt? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you frequently argue with people? Yes \_\_\_\_\_ No \_\_\_\_\_

**BRIEFLY ANSWER THE FOLLOWING QUESTIONS**

1. What issue(s) may we help you with?

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2. What steps have you taken in the past to deal with your issue(s)?

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3. What do you expect to accomplish with our help?

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4. Is there any other information we should know?

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**PROBLEM CHECK LIST: (Check those which are current)**

\_\_\_ Anger \_\_\_ Envy \_\_\_ Appetite \_\_\_ Anxiety \_\_\_ Fear \_\_\_ Memory

\_\_\_ Apathy \_\_\_ Gluttony \_\_\_ Moodiness \_\_\_ Bitterness \_\_\_ Guilt \_\_\_ Rebellion

\_\_\_ Change in Lifestyle \_\_\_ Health \_\_\_ Sex \_\_\_ Children \_\_\_ Homosexuality

\_\_\_ Depression \_\_\_ Abuse \_\_\_ Deception \_\_\_ In-laws \_\_\_ A Vice

Of the above items checked, which one(s) seems to be the most dominant?

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Our available office hours for appointments are Mondays and Fridays from 9am – 5pm and Tuesdays, Wednesdays and Thursdays from 9am – 7:30pm. When would you be available for an appointment during those times? \_\_\_\_\_

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**BIBLICAL COUNSELING INFORMATION AND CONTRACT**

1. Diagnostic Tools: We use helpful counseling forms such as this Personal Data Information form and other aids to gain an understanding of the central problems a person is experiencing.
2. Intent Listening: We encourage the counselee to speak his mind in an appropriate fashion and to discuss his thoughts, anxieties, resentments, and fears so that the counselor will have a clear understanding of the central problems.

3. **Assignments:** Counsees make more rapid progress when they are required to study or to perform specific informational or behavioral assignments which pertain to the problem. We tailor these assignments to the individual counselee and the circumstances.
4. **Accountability:** We are not interested in wasting the time of the counselors or the counsees. We are interested in believers learning how to experience the peace and joy that result from a walk of thankful obedience to God's Word, and we hold the counsees accountable for doing the assignments on schedule.

### **How long does biblical counseling take?**

Biblical counseling will vary in the amount of time required according to the individual, his motivation, and the particular problem. Typically, that would be between five and eight weeks. On the average, however, biblical counseling requires far less time than conventional secular counseling. One reason is that biblical counselors are not interested in prolonging the number of sessions in order to increase their income.

### **How much does it cost?**

Biblical counseling is a ministry of The Chapel available for those who attend one service a week and is provided for those at no cost. Donations to the Counseling Ministry are always welcome.

### **About confidentiality**

We are careful to protect each counselee's confidentiality. There are times, however, when a counselor must consult with other counselors for advice. If information is revealed in counseling which indicates a genuine potential for harm to a counselee or others, the counselor may be required by law or biblical mandate to share that information with the appropriate authorities or family members.

**The Chapel is on mission to reach every Man, Woman & Child with repeated opportunities to hear and see the Gospel of Jesus Christ**

## BIBLICAL COUNSELING CONTRACT

I, (name) \_\_\_\_\_, affirm the accuracy of the personal information provided herein, and have read the information above and agree to the conditions set forth therein. I hereby agree to the following conditions:

1. I will keep the appointment time, or will call to cancel in advance with a legitimate reason.
2. I will fulfill any assignments.
3. I will attend The Chapel each Sunday while I am in counseling.
4. I understand that confidentiality cannot be guaranteed in the case of information as indicated above.

Signed (Child) \_\_\_\_\_ (Date) \_\_\_\_\_

Signed (Parent) \_\_\_\_\_ (Date) \_\_\_\_\_

Signed (Parent) \_\_\_\_\_ (Date) \_\_\_\_\_