TRINITY
CHAPLAINCY & COUNSELING
Relieving suffering, Revealing God

Personal Identification Data (PDI)

Introduction

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Prefer: Text _____ Email _____ Landline _____

Email: _____

Marital Status: Single _____ Going steady _____ Married _____ # of years _____

Divorced _____ # of years ago _____ Widowed _____ # of years ago _____

Reference

Referred here by _____

Physical Health information

Rate your physical health: Very Good _____ Good _____ Average _____ Declining _____

List important illnesses, injuries, surgeries from the last 5 years:

_____

_____

Date of last medical examination and overall diagnosis

_____

Your general practitioner's name and phone _____

What medicine (including over the counter and illegal and prescription) are you taking and for what diagnosis _____

_____

Number of alcohol beverages per week 0-1 ____ 2-3 _____ 4-5 _____ 6-7 _____ 8+ ____

M: PO Box 342, New Ipswich NH 03071-0342 L: 603-291-0396
E: AnnMarie@TrinityCounselingNH.com C: 603-801-7484

Schedule a visit
Https://outlook.office365.com/book/AnnMarieMeetingonZoom@christianchaplains.org/

Physical Health information continued

Describe your weekly physical exercise routine Frustrated ____ Dissatisfied ___ Neutral ____

Satisfied _____ Delighted _____ Other _____

Times per week you exercise 0-1 _____ 2-3 _____ 4-5 _____ 6-7 _____ 8+ _____

Describe your sleep Frustrated ____ Dissatisfied ___ Neutral ____

Satisfied _____ Delighted _____ Other _____

Hours per day you sleep _____

Describe your food intake Frustrated ____ Dissatisfied ___ Neutral ____

Satisfied _____ Delighted _____ Other _____

Times per week eat fast food 0-1 _____ 2-3 _____ 4-5 _____ 6-7 _____ 8+ _____

Tobacco use per week 0-1 _____ 2-3 _____ 4-5 _____ 6-7 _____ 8+ _____

Cigarettes _____ Pipe _____ Chew _____ Vape _____ Other _____

Religious Background

Current church _____ Years/Months _____Member? _____

Church attendance per month 0-1 _____ 2-3 _____ 4-5 _____ 6-7 _____ 8+ _____

Religious background of spouse/fiancé (if applicable) _____

Who is God _____

_____

Times you pray to God per week 0-1 _____ 2-3 _____ 4-5 _____ 6-7 _____ 8+ _____

What does being saved mean? _____

_____

Times you read the Bible each week 0-1 _____2-3 _____ 4-5 _____ 6-7 _____ 8+ _____

Please note any changes in your spiritual outlook in the past 5 years _____

_____

_____

Complete if married

Name of Spouse _____

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Phone _____ Age _____

Living with you Yes _____ No, since _____

_____

Do you want your spouse to come to counseling sessions? Yes ____ No ____ Uncertain ____

Have either of you ever filed for divorce or been divorced? No ____ Yes ____

Please explain _____

_____

Rate your marriage Frustrated _____ Dissatisfied _____ Neutral _____

Satisfied _____ Delighted _____ Other _____

Please explain _____

_____

Children

Name of Child	Age	Living with you?	Marital Status	How often do you visit?

Complete is single

Please mark all that apply Never Married _____ Dating _____ Engage _____

In a long-term relationship _____ Living with boyfriend _____

How satisfied are you with your single life

Frustrated _____ Dissatisfied _____ Neutral _____Satisfied _____ Delighted _____
Other _____

Explain _____

_____

Biblical counseling

1. How would you describe Biblical counseling? _____

_____

2. Why did you choose Biblical counseling? _____

_____

3. Please describe your current struggle for which you are seeking counseling _____

_____

4. Who or what is providing support to you currently _____

_____

5. How have you attempted to resolve your current struggle _____

_____

6. What are your hopes/expectations for Biblical counseling _____

_____

Primary Responsibilities – are you primarily

In your paid occupation Frustrated _____ Dissatisfied _____ Neutral _____

Satisfied _____ Delighted _____ Other _____

In your volunteer opportunities Frustrated _____ Dissatisfied _____ Neutral _____

Satisfied _____ Delighted _____ Other _____

In your marriage/engaged (as applicable) Frustrated _____ Dissatisfied _____ Neutral _____

Satisfied _____ Delighted _____ Other _____

As a single (as applicable) Frustrated _____ Dissatisfied _____ Neutral _____

Satisfied _____ Delighted _____ Other _____

As a parent (as applicable) Frustrated _____Dissatisfied _____ Neutral _____

Satisfied _____ Delighted _____ Other _____

Mental Health

Which words help identify where you are in your current struggle?

Anger	Fear	Control	Numb
Medicated	Self-Harm	Shame	Guilt
Need to work harder	Avoid	Need to get help	Isolate
Self-hate	Hate others		

What other words would help explain your current struggle _____

_____

Have you ever had another mental health provider/counselor Yes _____ No _____ If yes,

1. How would you describe the experience _____

_____

2 What did you learn from the experience _____

_____

3 Why did you change from the previous mental health provider to Biblical counseling _____

_____

Relationships

Friendships

How important are friends to your life Very ___ Somewhat _____ Little _____ Not ____Unknown ___

Explain your “quality of friendships Frustrated _____ Dissatisfied _____ Neutral _____

Satisfied _____ Delighted _____ Other _____

Explain _____

_____

Family

Is your father living Yes ___ No _____ Does he live nearby Yes ___ No _____

Father’s religious affiliation _____

Describe your current relationship with your father

Frustrated _____ Dissatisfied _____ Neutral _____Satisfied _____ Delighted _____
Other _____

Explain _____

_____

Is your mother living Yes ___ No _____ Does she live nearby Yes ___ No _____

Mother’s religious affiliation _____

Describe your current relationship with your mother

Frustrated _____ Dissatisfied _____ Neutral _____Satisfied _____ Delighted _____
Other _____

Explain _____

_____

How many siblings are living _____ How many live nearby _____

Describe your current relationship with your older siblings

Frustrated _____ Dissatisfied _____ Neutral _____Satisfied _____ Delighted _____
Other _____

Explain _____

_____

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Describe your current relationship with your younger siblings

Frustrated _____ Dissatisfied _____ Neutral _____Satisfied _____ Delighted _____
Other _____

Explain _____

_____

The Bible

What is your opinion of the Bible _____

_____

The Gospel

What is the Gospel (if you don't know – write "I don't know") _____

_____

Christian Life

Are you a Christian Yes _____ No _____ Don't know _____

Please briefly explain _____

_____

Have you been baptized Yes ____ No _____ Don't know _____

How is your current relationship with Jesus Christ
Frustrated _____ Dissatisfied _____ Neutral _____Satisfied _____ Delighted _____
Other _____

Explain _____

_____

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Do you attend a small group or Bible study with other people? Yes _____ No _____

Explain your feelings for the other people in the group

Frustrated _____ Dissatisfied _____ Neutral _____Satisfied _____ Delighted _____
Other _____

Explain _____

_____

Explain any highs, lows, trauma that you have experienced with other Christians

_____

_____

_____

_____

Finances

Do you use a budget/spending plan Yes _____ No _____ Don't know _____

Are your bills paid up to date each month Yes _____ No _____ Don't know _____

Do you tithe Yes _____ No _____ Don't know _____

Do you have savings Yes _____ No _____ Don't know _____

Do you live paycheck-to-paycheck Yes _____ No _____ Don't know _____