

Grace for Individual and Family Therapy

Confidential Personal inventory

(Adult)

Date _____

1. Personal Information: Please do not leave any blanks. If a section does not apply, put N/A for not applicable.

Name _____ Age _____

DOB _____

Mailing address _____

Home address (if different then above) _____

E-Mail address _____

Home Phone _____ Cell phone _____

Occupation _____ how long _____

Business name _____

Emergency contact _____

Relationship _____ Phone: _____

2. Church Affiliation

Present _____ how long _____

Past _____ how long _____

Have you accepted Christ as your Lord and Savior? ___yes ___no

Would you like your counselor to pray with you? ___yes ___no ___maybe later

3. Education

Highest grade completed _____ Degrees Earned _____

4. Marital Status

___Single ___Dating ___Engaged ___Married ___Separated

___Divorced ___Widowed

Spouse's Name (if married) _____ Age_____

How did you hear about us? _____

5. Briefly answer the following questions:

a. What is the main problem as you see it ? (Why are you here?)

b. What have you done about it?

c. What can we do?

d. Describe your spouse's personality in a few words. (selfish, loving, etc.)

e. As you see yourself, what kind of person are you? (describe yourself)

f. Is there any other information we should know?

6. Please check the space which describes the problems you are facing: check as many as apply.

___ Advice in making simple decisions

___ Bizarre behavior

___ Answers to troublesome questions

___ Anxiety, worry, and fear

___ Depression and / or guilt

___ Crises

___ Guidance in determining careers

___ Failures

___ Breakdowns

___ Grief

___ Feeling abused or abusive

___ Wanting to die

___ Need to control

___ Inadequate

___ Low self-worth

___ Frozen emotions

- ___ Inability to say "no"
- ___ Fear of authority
- ___ Stress
- ___ Family and/or marital problems
- ___ Deteriorating interpersonal relations
- ___ Sexual difficulties
- ___ Psychosomatic problems
- ___ Difficulties at work or school
- ___ Feelings of shame and guilt
- ___ Compulsive and/or addictive behavior
- ___ Confusion about roles
- ___ Fear of men or women
- ___ Poor partner choices
- ___ Help in resolution of conflict with others
- ___ Drug and/or alcohol problems
- ___ Perceptual distortions
- ___ Attempted suicide
- ___ Inability to remember much of childhood
- ___ Difficulty in expressing or becoming angry

7. If you have any known mental or emotional disorders, what are they?

a. Who gave you the diagnosis? _____