

Grace for Individual and Family Therapy

Confidential Personal inventory

(Teen)

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 _____

Grade in School _____ Do you like school? _____ Why? _____

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

How did you hear about us? _____

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

e. Is there any other information we should know?

4. Have you seen a counselor before? _____
a. If so, what was most helpful? _____

b. What was least helpful? _____

5. Chemical Use

a. Do you use alcohol? _____ How Often? _____ How Much? _____

b. Do you use Tobacco? _____ How Often? _____ How Much? _____

c. Do you use drugs? _____ How Often? _____ How Much? _____

6. Do you now or have you had legal issues? _____

7. Are your parents married? _____ Is their relationship good? _____

If they are divorced, who do you live with/how much? _____

8. 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"

___ Confusion about roles

___ Fear of authority

___ Fear of men or women

___ Stress

___ Family and/or marital problems

___ Help in resolution of conflict with others

___ Deteriorating interpersonal relations

___ Drug and/or alcohol problems

___ Sexual difficulties

___ Perceptual distortions

___ Psychosomatic problems

___ Attempted suicide

___ Difficulties at work or school

___ Inability to remember much

of childhood

___ Feelings of shame and guilt

___ Difficulty in expressing or

becoming angry

___ Compulsive and/or addictive behavior

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

a. Who gave you the diagnosis? _____