

# Grace for Individual and Family Therapy

## Confidential Parent inventory

Date \_\_\_\_\_

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

Name \_\_\_\_\_

Mailing address \_\_\_\_\_  
\_\_\_\_\_

Home address (if different then above) \_\_\_\_\_  
\_\_\_\_\_

E-Mail address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell 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?)

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b. What have you done about it?

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c. What can we do?

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

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5. Is there any other information we should know?

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6. Has your child seen a counselor before? \_\_\_\_\_

a. If so, what was most helpful? \_\_\_\_\_

b. What was least helpful? \_\_\_\_\_

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7. Please check the space which describes the problems you are concerned about:  
check as many as apply.

- \_\_\_ Advice in making simple decisions
- \_\_\_ Answers to troublesome questions
- \_\_\_ Depression and / or guilt
- \_\_\_ Guidance in determining careers
- \_\_\_ Breakdowns
- \_\_\_ Feeling abused or abusive
- \_\_\_ Need to control
- \_\_\_ Low self-worth
- \_\_\_ Inability to say "no"
- \_\_\_ Fear of authority
- \_\_\_ Stress
- \_\_\_ Help in resolution of conflict with others
- \_\_\_ Deteriorating interpersonal relations
- \_\_\_ Sexual difficulties
- \_\_\_ Psychosomatic problems
- \_\_\_ Difficulties at work or school
- \_\_\_ Feelings of shame and guilt
- \_\_\_ Bizarre behavior
- \_\_\_ Anxiety, worry, and fear
- \_\_\_ Crises
- \_\_\_ Failures
- \_\_\_ Grief
- \_\_\_ Wanting to die
- \_\_\_ Inadequate
- \_\_\_ Frozen emotions
- \_\_\_ Confusion about roles
- \_\_\_ Fear of men or women
- \_\_\_ Family and/or marital problems
- \_\_\_ Drug and/or alcohol problems
- \_\_\_ Perceptual distortions
- \_\_\_ Attempted suicide
- \_\_\_ Inability to remember much of  
of childhood
- \_\_\_ Difficulty in expressing or  
becoming angry

\_\_\_\_Compulsive and/or addictive behavior

8. If your child has any known mental or emotional disorders, what are they?

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a. Who gave you the diagnosis? \_\_\_\_\_