

Counseling Inventory

Grace Church Counseling Ministry Application

Please complete this inventory carefully.

Personal Identification

Today's Date _____
Name(s) _____ Home/Cell Phone (_____) _____
Address _____ Zip _____

Health Information

Rate Your Health (check): Very Good ___ Good ___ Average ___ Declining ___ Other ___

Do you have any chronic conditions? ___ Explain: _____

List important illnesses or handicaps: _____

Date of Last Exam: _____ Weight Changes Recently: Lost ___ Gained ___

Report from last medical examination: _____

Your Physicians name and address: _____

Are you presently taking medications? Yes ___ No ___ What? _____

Previous medication(s) taken and dosage (if you remember): _____

Have you ever used drugs for other than medical purposes: Yes ___ No ___

If yes, please explain _____

Have you ever had a severe emotional upset _____ If so, explain:

Have you ever been arrested: Yes ___ No ___

Do you have problems sleeping? Yes ___ No ___ Sometimes ___

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or medical reports? Yes ___ No ___

Spiritual Information

Religious Background _____

Religious Background of Spouse (if married) _____

How often do you read the Bible? _____

How often do you pray? _____

How often do you attend church each month? (circle) 1 2 3 4 5 6 7 8 9 10+

How often do you disciple/are you disciplined by other Christians?_____

Explain recent changes in your religious life, if any:_____

PERSONALITY INFORMATION

Have you ever had any psychotherapy or counseling before? Yes_____ No_____

If yes, list counselor or therapist and dates:_____

What was the outcome?_____

What, if anything, do you fear?

Is there any other information that would help us to help you? Have you recently suffered a loss from serious social, business, or other reversals, etc.?

Yes_____ No_____ Explain if Yes:

Circle any of the following words which best describe you now: Active, Ambitious, self-confident, persistent, nervous, hardworking, impatient, impulsive, moody, often-blue, excitable, imaginative, calm, serious, easy-going, shy, goodnatured, introvert, extrovert, likable, leader, quiet, submissive, self-conscious, lonely, sensitive, other_____

PERSONAL BEHAVIORAL HABITS

1. Do you drink coffee or other caffeinated drinks? Yes__ No__ How much per day?_____
2. Do you smoke? Yes_____ No_____ How much?_____
3. Do you explode when you get angry? Yes__ No__
4. Do you withdraw when you get angry or hurt? Yes__ No__
5. Do you frequently argue with significant other people? Yes__ No__
6. Have you ever been enslaved to anything (Coffee, drugs, alcohol, pornography, gambling, etc.)? Yes__ No__

If yes, please explain:

FEAR OF MAN QUESTIONNAIRE

Check any of the following which describe you:

- I struggle with peer pressure. In adulthood, it looks different than when a teen. Now it might be by trying to impress others.
- I am over-committed. I find it hard to say, "No." I am a people pleaser.
- I 'need' something from my spouse or others in my life (such as the person I am dating, a roommate, other friends).
- I feel like I have low self-esteem. I am concerned with what others think of me.
- I often feel like I will be exposed as an imposter. I am afraid others will think I am a failure.
- I find myself second-guessing decisions because of what others might think. I am afraid of making mistakes.
- I feel empty or meaningless. I often feel hungry for love.
- I easily get embarrassed.
- I lie, even little white lies, in order to make myself look better before other people.
- I am sometimes jealous of other people.
- People often make me angry or depressed. They make me "crazy."
- I often avoid people
- I am hungry for people to notice my efforts and to praise me, but when they do, it's not enough or I don't believe them.
- I often compare myself to others and either feel wanting or feel like I'm not so bad.
- I feel I have to keep others from knowing my secret thoughts or actions for fear they won't like or love me.
- I cover up, justify, blame, avoid or change the subject often.
- I show favoritism, respecting one person over another.
- I often think and feel responsible for other people and their actions or behaviors.
- I am compelled to "fix people".
- I get tired of feeling like I am always giving to others and no one gives to me.
- I blame others or blame circumstances.
- I often feel unappreciated.
- I often am afraid of being rejected.
- I often feel ashamed of who I am
- I often focus my energy on other people and/or on problems.
- I frequently threaten, bribe or beg.
- I try to say or do what I think will please others or get what I need.
- I manipulate people and situations.
- I let other people keep hurting me and never say anything.
- I feel angry.
- I feel like a martyr.
- I feel extremely responsible or irresponsible.

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What is the main problem as you see it? What brings you here?

2. What have you done about your problem?

3. What can we do? (What are your expectations in coming here?)

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

5. Is there any other information we should know?

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

<input type="checkbox"/> Anger	<input type="checkbox"/> Envy	<input type="checkbox"/> Appetite	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Fear	<input type="checkbox"/> Depression	<input type="checkbox"/> Apathy	<input type="checkbox"/> Gluttony
<input type="checkbox"/> Bitterness	<input type="checkbox"/> Guilt	<input type="checkbox"/> Health	<input type="checkbox"/> Moodiness
<input type="checkbox"/> Sex	<input type="checkbox"/> Adultery	<input type="checkbox"/> Lust	<input type="checkbox"/> Wife Abuse
<input type="checkbox"/> Children	<input type="checkbox"/> Impotence	<input type="checkbox"/> Addiction	<input type="checkbox"/> Sleep
<input type="checkbox"/> Memory	<input type="checkbox"/> Rebellion	<input type="checkbox"/> A Vice	<input type="checkbox"/> In-laws
<input type="checkbox"/> Deception	<input type="checkbox"/> Change in Lifestyle	Other_____	

Give details of any family background that might be pertinent to the struggles in your own life. (I.e., do others in your family have similar problems? What did your home life look like? Did mom lead or dad? Was dad at home a lot or gone a lot? Was "self-control" taught from early on?, etc.)