

INDIANA BIBLICAL COUNSELING CENTER
Confidential Client Inventory

Personal Information

Name: _____ Date: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Marital Status: Single Married Divorced

Previous History of Marriage/Divorce: _____

Home Church: _____ Pastor: _____

Reason for Counseling: _____

Family History

Briefly describe your parents' Christian experience. _____

Are your parents presently married or divorced? (Check one)

Was your father clearly the head of the home? Yes No

Briefly describe the relationship between your parents? _____

Were you adopted? Yes No

Check the word(s) that describe the atmosphere in your home during your growing up years?

- | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Loving | <input type="checkbox"/> Rigid | <input type="checkbox"/> Encouraging |
| <input type="checkbox"/> Abusive | <input type="checkbox"/> Tense | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Neglectful | <input type="checkbox"/> Legalistic | <input type="checkbox"/> Caring |
| <input type="checkbox"/> Nurturing | <input type="checkbox"/> Controlling | <input type="checkbox"/> Crazy |
| <input type="checkbox"/> Permissive | <input type="checkbox"/> Fun | <input type="checkbox"/> Safe |

Describe your relationship with your parents when you were growing up?

Faith Assessment

When did you recognize your need for Christ and His gift of eternal salvation? Describe your experience? _____

If today were your last day to live, where would you spend eternity? _____

If God were to ask you why should I allow you into Heaven, what would you say? _____

Are you plagued with doubts concerning your salvation? Yes No

Are you currently attending a local church where the Bible is preached, and do you regularly support it with your time, talent, and treasure? Yes No

Are you presently enjoying fellowship with other believers, and if so where and when?

In your minds eye, if Jesus were looking at you, what facial expression would He have when He looks at you? _____

Why would He be looking at you that way? _____

Do you have regular quiet time and Bible study with God? Yes No

Do you find prayer difficult mentally? Yes No

Medical History

Do you struggle with any major health problems? Explain.

Are you currently taking any prescription medications? Yes No

(If yes, list medications.) _____

Have you ever been hospitalized for emotional or psychological problems? Explain.

Have you ever experienced any type of trauma (i.e. physical, emotional, or sexual history of abuse, involvement in a severe accident, death of family member, etc)? Explain.

Spiritual and Emotional Conflicts

Check any of the following with which you have struggled or are struggling.

- | | | |
|--|---|--|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Blasphemous Thoughts | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Inadequacy | <input type="checkbox"/> Lustful Thoughts | <input type="checkbox"/> Inferiority |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Worry | <input type="checkbox"/> Doubts |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Obsessive Thoughts | <input type="checkbox"/> Insecurity |
| <input type="checkbox"/> Panic Attacks | <input type="checkbox"/> Memory Loss | <input type="checkbox"/> Compulsive Thoughts |

Check *Self* for any of the following issues where you feel you struggle personally. Check *Family* for any issues that you think have been generational problems in your family.

Rejection:

- Self Family

Pride:

- Self Family

Legalism/Performance Based Acceptance:

- Self Family

Fear/Anxiety:

- Self Family

Sexual Immorality:

- Self Family

Temporal Values:

- Self Family

Cult/Occult:

- Self Family

Generational Weaknesses/Sins:

- Self Family

Abuse:

- Self Family

Bitterness:

- Self Family

Rebellion:

- Self Family

Negative Thoughts:

- Self Family

Guilt:

- Self Family

Unhealthy Relationships:

- Self Family

Addictions:

- Self Family

Anger:

- Self Family

Spiritual Oppression:

- Self Family

Personality Disorder:

- Self Family

If married, how do you feel about the state of your marriage? _____

If single, how do you feel about being single? _____

Is there any other information we should be aware of that could be helpful in your counseling?
