

Restoration Passage Client Inventory

Name: _____ Age: _____ Marital Status: _____
Name: _____ Age: _____ Marital Status: _____
Address: _____ Phone: _____
Cell: _____ Email address: _____

Reasons for seeking services include:

Family History

List any significant events, (include childhood through high school):

Any significant family relationship issues of concern (parental, marital, children, etc.):

Family history of physical illnesses:

Family history of emotional illnesses:

Compulsive Behaviors or Addictions:

List members of immediate family or family-of-origin in order of birth:

Personal Physical and Emotional Health History

How would you describe current eating habits:

Physical exercise type: _____ Times per week: _____

List any current or past addictions (drugs, alcohol, food, sex, shopping, gambling, etc.):

Date of last physical exam: _____ Diagnosed medical conditions:

Prescription drugs currently taking:

Current sleeping patterns:

Any incidence of physical, emotional, or sexual abuse? Yes or No

If yes, describe:

Current thought life is often focused on:

PLEASE NOTE: All information will be kept confidential between the client and Sheri Golden. The client has the privilege to choose not to disclose any information requested. Sheri Golden agrees to only use the information gathered from the client for the purposes outlined and agreed up between the client and service provider. All information in client files will be destroyed according to standard record retention requirements for businesses.

Name: _____ Date: _____

Do you currently struggle with any of the following (check each one that applies)

Obsessive/distracting thoughts _____ Excessive fantasy _____ Guilt and/or shame _____ Fear _____
Jealousy _____ Self-condemnation _____ Confusion _____ Anger _____ Resentment _____
Bitterness _____ Anxiety _____ Depression _____

Thoughts of suicide? _____ Previous suicide attempts? _____ If yes, when? _____

Describe emotional health in the past six months? _____

Mental health counseling history (give type and dates):

Describe current coping skills when stressed:

Have you ever used the following methods to avoid pain or rejection?

- Denial of reality (conscious or unconscious)
- Fantasy or Daydreaming
- Media (TV, movies, music, computer, video game)
- Emotional insulation (withdrawing from people or keeping people at a distance)
- Regression into childhood behaviors
- Lying
- Displaced anger
- Projection (attributing to others things you do not like about yourself)
- Rationalization (making excuses)
- Blaming yourself and others (who are not responsible)
- Hypocrisy (presenting a false self)

Education and Employment/Vocational History

Highest level of education completed:

Future educational goals include:

Current Occupation:

Basic overview of work conditions or significant employment issues:

Occupational goals include:

Name what you like most and like least about current job or education experience:

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Spiritual History

What were the religious beliefs of parents? Grandparents?

Describe personal spiritual journey:

Current church/denominational affiliation?

Describe your current spiritual condition or concerns about your relationship with God:

Describe your current level of knowledge about, training/education, or comfort level with the bible? (list any courses, books, or formal biblical education)

Favorite bible verses (if any):

Describe any significant mental interference during church, prayer, or bible study:

Any involvement in non-Christian spiritual practices?

Ouija board	Fortune telling	Other: _____
Spells or curses	Mysticism	
Astrology	Spirit guides	
Séances	Transcendental Medication	
Witchcraft/wicca	Satanism	
Tarot cards	Charms/Crystals	
Palm reading	Cults (Masonry, Christian Science, JW, LDS)	

What would you like to have more of in your spiritual life?

Identify the top 3 barriers to achieving goals in your spiritual life?

How much time per day can you devote to bible study and spiritual disciplines?

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Relationship History: Self and Others

Describe your top 3 primary relationships:

What are the things you like best about these top 3 relationships?

The least?

Top 3 things in my life I enjoy doing alone:

Top 3 things in my life I enjoy doing with others:

Most people would probably describe me as:

Most of the time I see myself as:

If I could change anything about my life I would change the following:

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