

ABOUT YOU

Name _____ Date _____ Age _____ Sex _____

Occupation _____ Education _____

DESCRIBE YOURSELF IN RELATIONSHIP WITH YOUR SIBLINGS.
HOW HAVE THEY AFFECTED YOUR LIFE?

SPOUSE OR PARTNER:

Present Spouse/Partner: Age _____
Occupation _____ Education _____

(Previous Spouse/Partner): Age _____
Occupation _____ Education _____

How long married/partnered? Present _____
Previous _____ Reason for not being together:

Describe your spouse/partner

Describe your spouse/partner's relationship with his/her family

YOUR CHILDREN

List the names, ages and gender of your children (both living and deceased), and describe each in a sentence.

Do you have concerns about your parenting?

YOUR FATHER

Occupation(s) _____, _____ Age (if living) _____

If he is dead, at what age did he die? _____ What was your age at that time? _____

What was he like? What were you like with him? What was he like with you?

YOUR MOTHER

Occupation(s) _____, _____ Age (if living) _____

If she is dead, at what age did she die? _____ What was your age at that time? _____

Describe your mother. What were you like with her? What was she like with you?

YOUR EDUCATION

Briefly describe your educational background.

YOUR WORK

MEDICAL HISTORY –Describe your medical history.

EMOTIONAL PROBLEMS_– What, if any, indications of emotional problems have there been in :

1. Your life:

2. Your present family (other than yourself):

3. Your parents' families:

4. Your spouse/partner's parents' families:

SEPARATIONS List the separations from your parents (include their or your hospitalizations, trips, military service, etc.) of one week or more, which occurred before your eighth birthday.

SECTION 2

In what way do the difficulties that led you to contact me affect your life?

1. If you have had precious help with these difficulties, and help was not sufficient, how do you understand this?
2. What do you hope most that I will be able to do for you?
3. If you see a need to change anything about yourself, what would you like to change?
4. What in your life gives you satisfaction?
5. What in your current life is most painful for you?

6. Describe one significant person in your life who is not a parent.

7. How did your family relate to you? Touch-wise? Discipline-wise?
How was anger handled in your family?

8. Who in your family would you go to if you were sick? How would they respond?

9. Who in your family would you go to if you were upset? How would they respond?

10. Describe any recurring dreams? (Use reverse side if necessary)

11. How free were you to be yourself while you were growing up?

12. How free do you feel to be yourself in your current life?

13. Describe your relationship with peers.

14. What was your sexual awakening like?

15. What is the first thing you can remember (earliest memory)?

16. When you shatter inside, what does it feel like?

17. Can other people discern that you are upset? How?

18. Please scan the Feelings Lists (3 of them) and circle the feelings that you feel most accurately represent your strengths and vulnerabilities.

