



Center for Compassion

Strengthening Relationships

Please take time to briefly respond to the questions below sharing what you would like at this time.

Name:

Birth date and year:

Address:

Private phone where I may leave a voice message:

Person and relationship to you, phone number and address that I may contact in an emergency:

Please share what you would like regarding how you identify yourself; for example and not limited to: *ethnicity, country of birth, immigration history or status, age/life stage, gender expression, sexual/affection attraction, ability, religion and/or spirituality, education, occupation, social economic status, family status...*

Who do you consider family? Who is your support network? Do you experience nurturing interactions with your family? With your support network?

Are you in a committed relationship? If so, is your relationship comfortable and fulfilling? Are you experiencing any relational conflict that affects your emotional wellness?

Are you sexually active? Is sexual intimacy comfortable and fulfilling? Are you experiencing any sexual conflict that affects your emotional wellness?

Is there any partner abuse in your current relationship (past or current abuse)? (i.e. physical, verbal, emotional, sexual)

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What is your reason for seeking counseling at this time? What are your current goals of counseling?

Have you participated in counseling or counseling groups previous to this? What was your goal of the counseling or group? What was helpful? What was not helpful?

Are you currently seeing a medical doctor or psychiatrist? What is the nature of the visits?

Do you currently take any medications: over the counter, prescription, medical marijuana or herbal? If so, what medication and for what reason?

Do you consume alcohol, recreational marijuana or recreational drugs? Has your drug, marijuana or alcohol use been a problem for you in the past, or now?

Please briefly tell me about any previous or current experiences of loss, trauma, violence, abuse or domestic violence.

Please briefly tell me of any past or current experiences regarding complicated grief, depression, anxiety, eating disorders, PTSD, impulsive or compulsive behaviors, overwhelming stress or overwhelming emotions, and emotional or mental illness.

Have you ever or do you currently consider suicide or self-harm?

Have you ever or do you currently have thoughts or acted on thoughts to hurt someone else?

Please tell me how you are resilient. What are your strengths?

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Within your current comfort level, please take time to complete this Attachment History Survey

Experiencing safety and security:

As a child, how safe and secure did you feel with your parents or parental figures, emotionally and physically? Did you have a comfortable connection with people you considered family?

Do you have a comfortable connection with people you consider family now?

Being vulnerable and emotionally open:

As a child, how comfortable was it to share vulnerable emotions with your family or people close to you? With whom did you share vulnerable emotions? What was the response?

To whom do you turn to now? What is the response?

Seeking comfort and care:

When you were hurt as a child, emotionally or physically, how comfortable were you to seek comfort and care from family or people close to? From whom did you seek comfort and care? What was the response?

To whom do you turn now? What is the response?

Possible self harm:

In the past, to cope or gain some form of comfort, did you ever turn to i.e. alcohol, drugs, food, over-exercise, self-mutilation, extreme risk-taking, sex, gaming, gambling, over-spending, or other activities that might cause self-harm? In the present?

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Past romantic relationships:

Were you able to turn to former romantic partners with open emotions and vulnerability? How did you gain or how did you try to gain comfort and care within your former relationships?

Have there been any harmful or traumatic incidences in your past romantic relationships? If so, what? How did you deal with the harmful or traumatic incidences?

Current romantic relationship:

Are you able to turn to your current romantic partner with open emotions and vulnerability? How do you gain or how do you try to gain comfort and care in your current relationship?

Have there been any harmful or traumatic incidences in your current romantic relationship? If so, what? How did/do you deal with the harmful or traumatic incidences?

Thank you for taking time to complete this history.

Updated October 2016