LOUISVILLE ROLFING - INTAKE PART 2 - TRAUMA HISTORY

This information will help me help you. It's important for me to know if there are any limitations in our work together. The rest helps me get to know you, and you are free to disclose as much or as little as you wish.

Name_____

What kind of support system do you have? Family, friends, community, pets, etc. Please describe.

Do you have a spiritual practice? Yes____ No____ Please describe.

What do you enjoy doing? What do you do that makes you feel good?

What is your occupation?_____
Do you enjoy your work? Yes____ No___ Describe why or why not:

What are your eating habits like?

Typical Breakfast_____

Typical Lunch_____

Typical Dinner_____

Typical Snacks_____

Have you ever been in or are you presently in counseling or psychotherapy?
Yes____ No____ Other therapeutic work____ Please describe why you went and your experience:

Briefly describe your childhood, particularly in relationship to your family of origin:

Are you:
Single____ Married____ Committed Relationship ____ Spouse/Partner Name_____
Divorced____ Remarried____ Other_____

Briefly describe your present living situation. What is your home life like?

Do you have children?

Briefly describe any other significant relationship history.

Do you smoke tobacco? Yes____ No____
How many per day:_____
Did you ever smoke tobacco? Yes____
When did you quit:_____ How much did you smoke:_____

How much alcohol do you drink, if any? None____
____beers/day ____glasses of wine/day ____drinks/day

Do you use recreational drugs? Yes____ No____ If yes, what do you use? How often?

Have you experienced any anxiety or depression lately? If yes, please describe. Anxiety____
Depression____ Mixed____

Have you ever had a problem with eating or an eating disorder?
Yes____ No____ Anorexia, Bulimia, Binging, Overeating

Have you recently or in the past thought about suicide? Yes____ When____ No____
Have you ever attempted suicide? Yes____ No____
If your answer is yes to either of these questions, please describe what treatment you have had:

Have you experienced:

Experience	*Age*	*Brief Description*
❑ Physical Injury (include concussions)		
❑ Physical Abuse		
❑ Emotional Abuse		
❑ Relational/ Developmental Trauma		
❑ Experiences of breathing difficulty		
❑ Relevant significant medical/dental		
❑ Motor vehicle accidents		
❑ Surgeries (medical and dental)		
❑ Historic/ transgenerational trauma		
❑ Birth or Prenatal trauma, if known		
❑ Natural Disaster		
❑ War, Military		
❑ Sexual abuse or assault		
❑ Other		

Life Experiences Traffic Light
This helps us identify resources, see what you have already worked on, and identify what might be important for us to work with.

Green Light Experiences are positive or joyous experiences. They are pleasant to think or talk about. Green light experiences can be:

- activities you enjoy
- strengths and things that come easily or naturally to you
- people, relationships, places
- anything that brings you comfort, support, pleasure, satisfaction or sense of purpose
- a difficult experience that you successfully met
- traumatic experiences that you have thoroughly worked with and resolved

Yellow Light Experiences can be a current challenge, a difficult experience that you partially succeeded at, or a traumatic experience that you have partially worked with. Yellow light experiences are mildly activating to think or talk about.

Red Light Experiences are ones where you felt overwhelmed and did/do not have the capacity to deal with or succeed at (yet!) Red light experiences are very activating to think or talk about.