

## LOUISVILLE ROLFING - INTAKE PART 2 - TRAUMA HISTORY

*This information will help me help you. Please share as much as feels relevant to the work you want to do with me. I do need to know if there are any limitations or sensitivities I should be aware of in our work together. The rest helps me get to know you, but isn't required. You are free to disclose as much or as little about yourself 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:

<i>Experience</i>	<i>Age</i>	<i>Brief Description</i>
<input type="checkbox"/> Physical Injury (include concussions)		
<input type="checkbox"/> Physical Abuse		
<input type="checkbox"/> Emotional Abuse		
<input type="checkbox"/> Relational/ Developmental Trauma		
<input type="checkbox"/> Experiences of breathing difficulty		
<input type="checkbox"/> Relevant significant medical/dental		
<input type="checkbox"/> Motor vehicle accidents		
<input type="checkbox"/> Surgeries (medical and dental)		
<input type="checkbox"/> Historic/ transgenerational trauma		
<input type="checkbox"/> Birth or Prenatal trauma, if known		
<input type="checkbox"/> Natural Disaster		
<input type="checkbox"/> War, Military		
<input type="checkbox"/> Sexual abuse or assault		
<input type="checkbox"/> 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.