

New Life Counseling & Trauma Therapy, PLLC

QUESTIONNAIRE

General Information

Name: _____ Date of Birth: _____ Age: _____

Address: _____

Divorced Married Single Living with intimate partner Widowed

If married, for how long? _____ If divorced, for how long? _____ If widowed, for how long? _____

How many children do you have? _____ Ages? _____

Phone Number: _____ May I leave a message? __yes __no Text? __yes __no Initial here ____

Email address (if you desire to receive emails): _____ Initial here ____

Emergency Contact: _____ Phone Number: _____

Have you seen a therapist before? __yes __no How did you hear about me? __ Friend

__ Psychology Today __ Website __ Facebook __ Pinterest __ Instagram __ LinkedIn __

What specific tool do you hope to experience? EMDR _____ Splankna _____ Tapping _____

Mindfulness _____ Stress/anxiety reduction techniques _____ Talk therapy _____

Do you have suicidal tendencies? __yes __no Do you have homicidal tendencies? __yes __no

Spirituality

Do you claim a specific faith/spirituality/religion? yes no

If so, tell me about your practice.

Religious/Faith upbringing: _____

Home & Career

Tell me about your home life _____

Level of stress in your home: low medium high extreme

What is your job/career? _____

Level of stress in your career: low medium high extreme

Health & Habits

Health: Excellent Good Fair Poor

(OVER)

Medical concerns: _____

Medications: _____

Habits: []Smoking []Alcohol [] Drugs []Gambling []Pornography []Over-sexualized
[] Cutting []Over-eating []under-eating []Other _____

Family of Origin

Parents: []Single Parent []Married []Divorced []Stepparent(s)

If divorced, what was your age: _____

Father's parenting style: _____

Mother's parenting style: _____

Do you have family members in Free Masonry (Masons)? ___ yes ___ no If yes, who? _____

Number of siblings: _____ Your birth order: _____

Other information about your upbringing:

Significant life experiences

Good/happy/positive (ranked in order - #1 is best)

1. _____ Age _____

2. _____ Age _____

3. _____ Age _____

Bad/negative/sad/disturbing (ranked in order - #1 is worst)

1. _____ Age _____

2. _____ Age _____

3. _____ Age _____

Rate your level (on a scale from 0 to 10; 10 being the highest):

Happiness _____ Sadness _____ Anxiety _____ Peace _____ Depression _____ Stress _____

Additional Information you feel I should know about you and your situation:

Printed Name: _____ Signature: _____ Date: _____

Thank you for taking a big step to walk in wellness. I appreciate your step and the trust you are putting in me as your therapist. In order for wholeness, I believe the mind, body, and spirit achieves balance and sometimes one may get off balance. We will journey together to develop a plan that is comfortable for you. If at any point you feel your needs are unmet, I welcome your feedback so we may improve your journey toward wellness. Thank you for allowing me to be a part of your sacred places. ~Lucinda

Lucinda Peters Black, LMFT in Marriage & Family Therapy/Clinical Mental Health Counseling, Johnson University. Temporary licensed (LMT#1378) as a Marriage & Family Therapist under supervision with Sean M. Ridge, PhD, LMFT (LMT758); Certified Traumatologist through Green Cross Academy of Traumatology; Master Sankhya Practitioner; EMDRIA approved EMDR Therapist