

Solutions Center for Personal Growth, Inc.
YOUR LIFE AND FAMILY HISTORY

Today's Date:

Name:

Date of Birth:

Age:

Address:

City:

State:

ZIP:

Telephone: (home)

Telephone: (work or cell)

Email Address:

Web Address:

The following questions concern you and your history. Your answers will help me discover your core issues and patterns, which may block you from your dreams, your health, and the relationships you desire in your life. There is no right or wrong way to answer these questions.

This history is CONFIDENTIAL and kept in a safe and sacred space. It is read by Wendy Limber, MA. LMFT, and/or the therapist you are working with. Your honesty and courage will accelerate the process of transformation and growth for you. As you begin this work, your process begins. Welcome to the journey!

- Need for approval
- Compulsive behavior
- Compulsive behavior in a significant other
- Work addiction
- Panic attacks
- Guilt
- Fear
- Anger
- Emptiness
- Helplessness
- Depression
- Sadness
- Sense of being different
- Other: _____

Describe any of the above:

5. Complete these sentences:

Most of the time I feel

I wish

What I want most in my life right now is

My dream in life is

My past

I am

SECTION B: RELATIONSHIP AND FAMILY LIFE

1. Today I am:

- Single
- Married
- Divorced
- In a relationship
- Living alone

- Living with my relationship
- Living with my family of origin
- Have children
- Do not have children
- Live with my children
- Do not live with my children
- Live with other children
 - Step children
 - Children from relationship
- Live with other adults

2. If you are married, or have a significant other, please describe your relationship:

3. How long have you been married or together?

4. Check any, which apply to your present relationship with an **N (now)** AND if you are divorced or in the process of divorce put a **P (past)** by any which apply to your past marriage:

- Happy
- Not happy
- Love our time together
- Fearful
- Anxious
- Angry
- Excellent relationship
- I feel "less than"
- My partner hurts me
- Don't know what I want
- Want to be on my own
- Buys me gifts
- Is creative and thoughtful
- I can't seem to make my partner happy
- Scared my partner is leaving
- Incredibly satisfied
- Good sex
- Want my partner to change
- A great provider
- A great nurturer
- Does not love me

- I do not feel loved
- Pays great attention to me
- Insecure relationship
- Very secure relationship
- We can talk about anything
- We argue about everything
- Good communication
- My feelings are not validated
- I do not know how to express my feelings
- I wish we could be friends
- We are great friends

Anything else:

5. Are there relationship patterns, which you continue to experience with this partner and/or former relationships? Explain:

6. Describe the loving feelings you have about your partner. What do you love about this person?

7. Describe the frustrating feelings you experience with your present partner AND past marriage partner:

8. What challenges did you experience with your **past partner (P)** or **present partner now (N)**?

- Money issues Sexual issues Issues with children Abuse issues
- Addiction issues Power struggles Fears Other:

Explain any above:

9. What is your history with your present partner?

10. What do you want when it comes to relationship?

11. If you were previously married and divorced, explain the major issue, which caused the divorce (s). How do you feel about your ex-partner(s) today?

12. What relationship patterns continue to be re-enacted in your life? (Example: you are the caretaker or family hero, or you are the mascot, keeping everyone happy, or you are the scapegoat, always being blamed, or you continue to attract dysfunctional relationships...)

SECTION C: CHILDREN

1. Please complete the following: (Add more if needed)

Name of Child:

Age:

Describe:

Name of Child:

Age:

Describe:

Name of Child:

Age:

Describe:

2. Describe any issues or problems with your children:

SECTION D: OCCUPATION

1. What is your present occupation?

 2. Are you currently employed? Yes No Full-Time Part-time
 Self Employed

 3. Where?

 4. Position/Title:

 5. How long have you been at your present job?

 6. If married, is your spouse currently employed? Yes No

 7. Where?

 8. Position/Title:

 9. Do you love this work?

 10. If not, what else would you love to do or what else do you desire to achieve?

 11. Do you believe you could do this?

 12. If you do love your work, what else do you desire to achieve?
-

SECTION E: EDUCATION

1. What is your educational history?
2. Currently enrolled in school?
3. Major field of study:
4. Would you like to go back to school?
5. And do what?
6. What feelings did you experience as a student?

SECTION F: MILITARY

1. Have you served in the military?
2. If yes, what branch or rank and length of service:
3. What feelings did you experience in the military?

SECTION G: LEGAL

1. Have you had any legal problems in the past 3 years?

- Driving offenses
- Family
- Fights
- Financial
- Other

Explain:

2. Are you currently involved in any of the following?

- Divorce proceedings
- Probation
- Childcare/custody action
- Civil proceedings

Explain:

3. What feelings have you been experiencing about any legal issues you are having?

SECTION H. MONEY

1. Describe your experience and belief system concerning money:

2. Do you feel responsible when it comes to money?

3. What do you desire when it comes to money?

4. Describe any current money challenges:

5. Any other important information about money:

SECTION I: SOCIAL LIFE/HOBBIES

1. What do you do for fun?
2. How do you express your creativity and talents?
3. What would you love to do that you have never done?
4. Name 3 of your favorite movies:

SECTION J: BIOLOGICAL INFORMATION

1. Check any of the following: **N for Now....P for Past:**

- High blood pressure
- Heart problems
- Diabetes
- Epilepsy
- Hepatitis
- Asthma
- Emphysema
- Abdominal pains
- Urinary pain
- Nightmares
- Feelings of hurting self
- Feelings of hurting others
- Venereal disease
- Anemia
- Fractured bones
- Back problems
- Constipation
- Trouble sleeping
- Paranoia
- Food cravings
- Alcohol cravings

- Cancer
- Chest pain
- Headaches
- HIV positive
- Skin problems
- Depression
- Sexual problems
- Lack of energy
- Anxiety
- Suicidal thoughts
- Decreased appetite
- Shakiness
- Ear problems
- Life Challenging Disease

If so, what:

2. Name any medication you are taking and for what reason:

3. Name of Medical Doctor:

4. Other Doctor:

5. Are you addicted to any of the following?

- Food
- Alcohol
- Marijuana
- Cocaine/crack
- Nicotine
- Caffeine
- Sex
- Money
- Perfectionism
- Anger and rage
- Money
- Work
- Negativity
- Complaining
- Depression

- Binging
- Purging:
- Exercise
- Controlling:
- Religion
- Other: Explain

6. Have you experienced anything physically traumatic?

7. Have you ever experienced:

- Suicidal thoughts
- Suicide plans
- Suicide attempts
- Drug/alcohol related

Explain anything checked above:

8. What kind of foods do you eat?

9. Do you get regular exercise? If so, what?

10. Do you get a good sleep every night?

11. How well do you take care of your physical body?

12. Check one:

- Excellent health good health fair health poor health

13. What do you believe about the body/mind connection?

SECTION K: YOUR GRANDPARENTS

1. Name of **maternal grandmother**:

Is she living?

If no, cause of death:

If no, Age of her death:

Your Age then:

Describe your grandmother:

Were you close to your grandmother?

Joyful memories of this grandmother:

Painful memories of this grandmother:

Describe the relationship you saw between your mother and her mother:

Write one word or feeling you have now as you think of your grandmother:

What characteristics from your grandmother might you have inherited or received?

2. Name of **maternal grandfather**:

Is he living?

If no, cause of death:

If no, age of her death:

Your age then:

Describe your grandfather:

Were you close to your grandfather?

Joyful memories of this grandfather:

Painful memories of this grandfather:

Describe the relationship you saw between your mother and her father:

Write one word or feeling you have now as you think of your grandfather:

What characteristics from your grandfather might you have inherited or received?

3. Name of **paternal grandmother**:

Is she living?

If no, cause of death:

If no, age of her death:

Your age then:

Describe your grandmother:

Were you close to your grandmother?

Joyful memories of this grandmother:

Painful memories of this grandmother:

Describe the relationship you saw between your father and his mother:

Write one word or feeling you have now as you think of your grandmother:

What characteristics from your grandmother might you have inherited or received?

4. Name of **paternal grandfather**:

Is he living?

If no, cause of his death:

If no, age of his death:

Your age then:

Describe your grandfather:

Were you close to your grandfather?

Joyful memories of this grandfather:

Painful memories of this grandfather:

Describe the relationship you saw between your father and his father:

Write one word or feeling you have now as you think of your grandfather:

What characteristics from your grandfather might you have inherited or received?

SECTION L: YOUR FAMILY OF ORIGIN AND CHILDHOOD

1. Check those, which apply:

- I lived with both my parents growing up.
- My parents divorced when I was _____ years old.
- I lived with my mother.
- I lived with my father.
- I lived with my grandparents.
- I was raised by a relative. Who? _____
- I was raised by a combination of people.
- My parents were happy together and I knew it.
- My family was pretty normal.
- My family was dysfunctional as I now see it and understand more.
- I don't know what is wrong with my family.
- My family is weird.
- I am very close to my family.
- I am not very close to my family.
- I was told, "I love you" by my mother, often.
- I was told, "I love you" by my father, often.
- My home was a fun place to be.
- My family showed affection by hugging and kissing.
- My family showed love by giving us material things.
- My family had plenty of money.
- My family did not have a lot of money.
- My family was loving.
- My family was scary.
- I had to walk on eggshells in my home.
- I am adopted.
- I am interested in knowing my birth parents.

- I am not interested in finding my birth parents.
- It is possible that I was:
- Physically abused (hit, beaten, spanked, use of belts, brushes, etc.)
- Emotionally abused (name called, raged at, threatened, cursed at...)
- Sexually abused (touched, made to touch, exposed to nudity, molested, raped, Etc.)
- Intellectually abused (put down, not stimulated by life, rigid rules, all work – no play)
- Religiously abused (rigid religious rules, fear based belief system, judgment)
- Educationally abused (shamed by teacher, threatened by peers, rigid rules)
- I loved school and I did very well.
- I hated school and I did not do well.
- My family did not teach me how to express feelings.
- My family did teach me how to feel and express feelings.
- Anger was not OK in my family.
- Anger and rage was used a lot in my family.
- It was not OK to cry.
- Much punishment was used in my family.
- Problems were pushed under the rug in my family.
- My family was very serious, and one had to do all the work before having any fun.
- Parents came first in my family.
- Children came first in my family.
- My parents were/are very religious.
- We attended _____ chu
rch.

Check any which apply:

- Emotional Abuse**
- Neglect
- Harrassment or malicious tricks
- Being screamed at or shouted at
- Unfair Punishments
- Cruel or degrading tasks
- Cruel Confinement
- Abandonment
- Touch Deprivation
- Overly strict dress code
- No privacy
- Having to hide injuries from others
- Having to watch beating of other family members
- Being caught in the middle of parents' fights
- Being blamed for family problems
- Other forms of emotional abuse

- Physical Abuse**
- Shoving
- Slapping or hitting
- Scratches or bruises
- Burns
- Cuts or wounds
- Broken bones or fractures
- Damage to internal organs
- Permanent injury

- Beating or whippings
- Inadequate medical attention
- Pulling and grabing of hair
- Inadequate food or nutrition
- Other forms of physical abuse
- Sexual Abuse**
- Flirtatious and suggestive language
- Propositioning
- Inappropriate holding, kissing
- Sexual fondling
- Masturbation
- Oral sex
- Forced sexual activity
- Household voyeurism (inappropriate household nudity)
- Sexual hugs
- Jokes about your body
- use of sexualizing language
- Penetration with objects
- Bestiality (forced sex with animals)
- Criticism of your physical or sexual development
- another's preoccupation with your sexual development
- Other forms of sexual abuse

2. Describe yourself as a child:

3. Would you say you were the lost child, hero, family clown, or scapegoat of the family?

4. Describe the emotional, physical, sexual or any other abuse you checked on the previous page:

5. Birth: (The following questions concern your birth process. This is an important aspect of the discovery process about you. Everything you know here is significant. If you do not know about your birth and are able to ask your mother or a family member any of these questions, please do so.)

a. Describe anything you know about your birth:

b. Date and Time of Birth:

c. Length of Birth:

d. Any Birth complications:

e. Interesting facts about your birth, your mother, father or doctor:

f. Check any, which may apply:

- Cesarean Birth
- Long labor
- Induced
- Overdue
- Premature
- Cord wrapped around neck
- Breech
- Jaundice
- Twins, etc.
- Anesthesia/Pain Killers
- Mother had previous miscarriage(s)
- Father present at Birth
- Other:

g. What was going on in with your mother during the time you were in the womb?

h. What happened right after your birth?

i. Place of Birth:

j. Where were you raised?

k. Type of setting (city, rural, etc.)

6. Did anyone in your family have physical or emotional problems? If yes, explain:

7. What was school like for you as a:

Preschooler –

Elementary _

Middle School –

High School –

8. Describe any childhood fears:

9. Did you have friends?

10. **YOUR BROTHERS AND SISTERS**

Name: Age Description/Personality Your Relationship with this Sibling

11. Describe anything significant/traumatic about your relationship(s) with your sibling(s).

SECTION M: YOUR PARENTS

1. Name of your **Mother**:

Age:

Living?

If no, cause of death:

Her age at death:

Your age then:

Describe your mother:

Your past relationship with your mother:

Joyful memories with your mother:

Painful memories with your mother:

Your present relationship with your mother:

I wish my mother

My Mom always said

I wish I could tell my mother

What I love about my mother is

I am angry at my mother because

What I learned from my mother is

When it came to feelings, my Mom

I always wanted my Mom to

When it came to discipline, my Mom

I am sad when I think

I would like to

Other comments:

2. Name of your **Father**:

Age:

Living?

If no, cause of death:

Age at death:

Your age then:

Describe your father:

Your past relationship with your father:

Joyful memories with your father:

Painful memories with your father:

Your present relationship with your father:

I wish my father

My Dad always said

I wish I could tell my father

What I love about my father is

I am angry at my father because

What I learned from my father is

When it came to feelings, my Dad

I always wanted my Dad to

When it came to discipline, my Dad

I am sad when I think about

I would like to

Other Comments:

3. Step-Mother (If applicable)

Name of your step-mother:

Age:

Living?

If no, cause of death:

Age at death:

Your age then:

Describe your step- mother:

Your past relationship with your step-mother:

Joyful memories with your step-mother:

Painful memories with your step-mother:

Your present relationship with your step-mother:

I wish my step-mother

My step-mom always said

I wish I could tell my step-mother

What I love about my step-mother is

I am angry at my step-mother because

What I learned from my step-mother is

When it came to feelings, my step-mom

I always wanted my step-mom to

When it came to discipline, my step-mom

I am sad when I think about I would like to

Other comments:

4. Step-Father (if applicable)

Name of your step-father:

Age:

Living?

If no, cause of death:

Age at death:

Your age then:

Describe your step-father:

Your past relationship with your step-father:

Joyful memories with your step-father: Painful memories with your step-father:

Your present relationship with your step-father:

I wish my step-father

I wish I could tell my step-father

What I love about my step-father is

What I learned from my step-father

When it came to feelings, my step-dad

I always wanted my step-dad

When it came to discipline, my step-dad

I am sad when I think about

I would like to

Other comments:

SECTION N: SIGNIFICANT OTHERS

1. Describe any significant others who lived with you or raised you when you were growing up; also any significant friends who have been a part of your life:

2. Who has been the most influential person in your life in a positive way?
3. Who has been the most influential person in your life in any other way?
4. Who is your HERO?

SECTION O: SEXUAL HISTORY

1. What do you believe or think about sex?
2. What feelings do you have about sex?
3. Age when you became sexually active:
4. Did you ever experience shame or guilt about your sexual behavior?
If yes, explain:
5. Have you ever experienced any kind of sexual dysfunction or difficulties?
If yes, explain:
6. Do you focus on sex or your sexual behavior a great deal of the time?
If yes, explain:
7. Has your sexual behavior changed noticeably in the last year?
If yes, explain:

8. Is your sex life what you would like it to be?

If no, explain:

9. Have you been sexually abused by anyone?

10. What is your sexual orientation?

11. Check any of the following, which you may have experienced:

- Abortion
- Extramarital affair (s)
- Exhibitionism/indecent exposure
- Incest (physical or emotional)
- Sadism (inflicting pain on partner)
- Masochism (wanting partner to inflict pain)
- Rape
- Confusion regarding sexual preference
- Molestation
- Fetishism (sexual gratification by objects)
- Prostitution
- Sex repression (Keeping natural sexual desires out of your consciousness)
- Voyeurism (Peeping Tom)
- Difficulty in attaining or maintaining an erection
- Group Sex
- Premature ejaculation or orgasm
- Other
- I wish to speak to therapist regarding my sexual history

SECTION P: SUBSTANCE/ADDICTION HISTORY

1. Have you ever been treated for chemical dependency? If yes, where and when?
If so, What is your present sobriety date?

2. Age at first drink:

3. Age at first intoxication:

4. Last drink:

5. Number of years drinking:
6. Number of years of heavy drinking:
7. **Current Pattern** of use: Circle: (daily, weekends, binge, morning, afternoon, evening, after retiring at night.)
8. What did you prefer to drink?
9. What is the longest period of time you have gone without a drink?
10. Check any you have experienced:
 - Blackouts
 - Seizures
 - Delirium
 - Convulsions
 - Hallucinations

I see my drinking as having a negative effect on my:

- Family life
- Social life
- Physical condition
- Emotional condition
- Finances
- Job
- Reputation in the community

11. Do you feel you are an alcoholic?
12. Have you ever sought outside help for your drinking, including AA? IF so, what was your experience?

CHEMICALS

1. Do you feel you have a dependency on:
 - Caffeine
 - Cigarettes

- ___ Medication
- ___ Food
- ___ Marijuana
- ___ Cocaine (crack)
- ___ Psychedelics/hallucinogens
- ___ Barbiturates (sleeping pills, Quaaludes, valium Librium, xanax)
- ___ OxyContin
- ___ Amphetamines (speed, diet pills, crystal meth, etc.)
- ___ Opiates (hycodan, heroin, Demerol, etc.)
- ___ Inhalants/solvents (amyl nitrate, PCP, glue, etc.)
- ___ Other

2. How old were you when you first used drugs?
3. What was your drug preference?
4. What is the longest time you have gone without drugs?
5. What is your **current pattern** of drug use (this includes any drugs listed above)?
6. Do you think of yourself as having a problem with drugs now?
7. Have you ever attended NA? If so, what was your experience?

EATING BEHAVIORS

1. Do you find yourself preoccupied with food and eating or not eating? If yes, explain:
2. Do you find yourself often or constantly on a diet? If yes, explain:
3. Do you eat in order to avoid dealing with painful feelings, such as loneliness, boredom or anger? If yes, explain:
4. Have you used diet pills, diuretics and/or laxatives primarily for the purpose of controlling your weight? If yes, explain:
5. Do you find yourself thinking about food even after a meal? If yes, explain:

6. Have you ever sought outside help to deal with your eating? If so, tell about your experience.
7. Are you experiences issues and problems with food and weight now?

SECTION Q: LOSSES

1. Check any of the following losses you have had in your life:

- Death of a family member
- Divorce
- Loss of family (children)
- Loss of friends
- Loss of home through disaster
- Loss of home and friends through moving
- Loss of childhood due to abuse or rigidity
- Loss of money
- Loss of job
- Inability to have children
- Loss of your spirit
- Miscarriage
- Abortion
- Loss of child through adoption
- Loss of birth parents through adoption
- Loss of innocence (rape, etc.)
- Loss of your youth through aging
- Loss of your reputation
- Loss of a pet
- Loss of faith
- Expected loss
- Loss of health
- Loss of self (in some way)

2. Which of these losses do you feel you still need to work on or complete the grieving process?

3. Which of these losses has made you most *angry* in your life?

4. Which of these losses has made you the most *shamed* in your life?

5. Which of these losses has made you the most afraid in your life?

6. What do you fear losing now?

SECTION R: YOUR BELIEF SYSTEM

1. What do you believe about the following?

God:

Spirituality:

Love:

Feelings:

Energy:

Meditation:

Death:

Religion:

What religion were you primarily raised in?

How active were you in religion?

What is your religion now?

Dreams:

Transformation:

Creativity:

Soul:

Life:

Coincidence:

Power:

Anger:

Family:

2. Write a sentence that describes you right now as you are completing this form:

SECTION 5: CONCLUSION

1. Please describe any other trauma you may have experienced in your life such as any experience involving violence, murder, or fear of loss of your life or someone else's life:

2. Write about anything else that has happened to you of importance not covered in this history:

3. Write about previous therapy or self-help groups you have been in and the RESULT of this:

4. What do you now fear?

5. What do you believe is your mission and purpose in life?

6. Write about what you want in the areas below:

Physical:

Mental:

Spiritual:

Financial:

Vocation/career:

Relationships:

Family:

Other:

7. **FEELINGS**

1. How do you express your feelings? Do you allow yourself to cry? Get angry? Do you hold your feelings inside? Is there anyone you are afraid to share your feelings with. What did you learn about expressing feelings from your parents?

- I express my feelings easily.
- I do not know how to express my feelings
- Anger is hard for me to express
- I express anger a lot.
- I am fearful much of the time.
- It is hard for me to express my truth
- I do not allow myself to cry
- I do allow myself to cry
- I am afraid of anger.
- I censor many of my feelings
- I hold in my feelings, especially anger, and then finally BLOW
- I express rage much of the time.
- I must control my feelings and my urges
- I turn my feelings inward into depression.
- I push my feelings outward toward others, and am aggressive.
- I am assertive, and love the way I express myself.
- I repress my feelings with alcohol or drugs.
- I repress my feelings with food.
- I express my feelings with art, dance, movement or music.
- It is especially hard for me to express my feelings to _____ because _____.

2. Is there anything you have learned in this time as you have been filling this out? Also, how do you feel after completing this form?

3. Do you believe you can have what you want?

4. Are you willing to change, open your mind to new ideas, heal and transform your life?

5. If yes, what are the reasons you have made a decision to do this?

6. What are the 3 most important accomplishments you would like to experience through your work at Solutions?

1.

2.

3.

7. What are three of your patterns or thoughts, which hold you back, sabotage you or block you from having what you want?

1.

2.

3.

8. What is the one thing you could do which would make a major change in your life?

Thank you for your commitment and honesty in writing and telling about your life. This is the first step to wholeness and transformation. It is the beginning of your process of clearing all blocks, which keep you from your dreams and your heart's desires. You will be able to accomplish anything you can dream and keep in your mind and heart. And so it is!

Wendy Limber, MA., LMFT

Please sign and date: