*Map of the Heart*



*Integrative* *Somatic Coaching*

 *Stress Reduction & Trauma Healing*

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***Intake Questionnaire***

*Thank you for taking the time to answer the following questions. Please answer to the best of your ability. If a question is too difficult or stressful to answer then please leave it blank. You do not have to go into any great detail, especially relating to questions of trauma. We will be discussing the questionnaire during our intake session and you will have the opportunity to elaborate. This questionnaire is a word document, you should be able to type directly into the document, save, and then send it back to me. Please let me know if you have any questions. Welcome to your healing journey!*

1. **What is your name (first, middle, last), birthdate, and birthplace?**
2. **What is your gender identification and race?**
3. **What is your relationship status: married, single, widowed, in partnership? For how long? Do you have children? How many? Please list their ages and names.**
4. **What is your occupation and occupation status?**

**Have you served in the military?**

1. **What therapies have you done in the past? Please describe your experience, what worked and what did not work for you.**
2. **Please list surgeries and or hospitalizations, including dental procedures (major and minor) that you have had during your life and at what ages.**
3. **Please identify any traumatic events you have experienced, such as auto accidents, death of a loved one, loss of any kind, assault, natural disasters, physical and or emotional abuse, serious illnesses, injuries or concussions.**
4. **List your current and past medications such as pain relievers, herbs, or supplements. Please include current dosage and frequency.**
5. **Do you drink alcohol, use marijuana, opioids or other substances? If so, how often and when was your last use? If you are in recovery how long have you been clean and sober? What was your substance of choice?**
6. **Describe your state of health, including mental and physical health issues or concerns such as depression, anxiety, fatigue, headaches, chronic pain, migraines, panic attacks, etc.**
7. **Briefly describe your home environment, where you live? Do you live alone or with family/housemates? Do you have pets? What kind of household cleaning and laundry products do you use?**
8. **Please describe your diet (beverages and food) in detail. Please include cravings or aversions you have for carbs, salt, sugar, alcohol, etc.**
9. **Are you able to exercise? If so what kind and how often?**

**If you exercise how do you feel afterwards? If you are not able to exercise how does that impact you?**

1. **Please describe current significant relationships and experiences with people who are actively part of your life: friends and family, parents, siblings, children, spouse, ex-spouse, partners, ex-partners, roommates, co-workers, neighbors, etc. How do these relationships support or undermine you. Do yu have any relationship issues that you would like to address?**
2. **How would you describe yourself? What are your interests and hobbies? What brings you pleasure or joy?**
3. **Do you have a religious or spiritual practice? If so, please describe.**
4. **What are your goals, dreams and intentions? Describe any obstacles that stand in your way from achieving your goals and dreams?**
5. **Please describe your support system and positive resources in your life? What relaxes or comforts you physically, emotionally, spiritually?**
6. **What would you like to gain from of our sessions?**
7. **Please share anything else that is important to you and that would support your healing process.**