



Advanced Integrative Therapy

HISTORY INTAKE

Name:

Date and Time of Birth:

Please write a short autobiography that will help us get started. It would be very helpful if you could include as much information in the following categories as you can:

FROM YOUR CHILDHOOD:

Gestation and birth

Bonding with your parents or primary caretakers

What each parent was like during your childhood

Your relationship with each parent

Your parents' relationship with each other

Number and relative ages of siblings

Any other significant relationships

Childhood hurts & traumas

Childhood developmental issues

Childhood medical history including vaccinations, illnesses, allergies, broken limbs, etc.

Childhood spiritual history, if any

Your family's cultural background

FROM YOUR ADULTHOOD:

Complete adult medical history

Adult traumas and issues: physical, psychological, and spiritual

Adult spiritual history

Symptoms, behaviors, cognitions, etc. that you would like to work on

Anything else that you'd like me to know about you.