



Center for Compassion

Strengthening Relationships

So that I may learn a bit about you, please respond to the questions below:

Name:

Birth date and year:

Address:

Private phone where I may leave voice messages and texts:

Person and relationship to you, phone number and address that I may contact in an emergency:

I do not take any insurance including Medicaid and Medicare. Medicaid regulates that I do not collect charges from those on Medicaid. Do you have Medicaid insurance?

Please share how you identify yourself. Examples include: ethnicity, birthplace, immigration history or status, age, gender expression, sexual orientation, ability, religion, education, occupation, socioeconomic status, and family status.

Who is your family? Please list the names of close family members and friends and their relationship to you. Please include children and their ages and pets that might be part of your family.

Currently, who do you turn to for emotional support?

Are you in a committed intimate relationship? If so, is your relationship comfortable and fulfilling? Are you experiencing relational conflict that affects your emotional wellness?

Are you sexually active? Is sexual intimacy comfortable and fulfilling? Are you experiencing any sexual conflict that affects your relationship and emotional wellness?

Has there been or is there any partner abuse in your current intimate relationship? (physical, verbal, emotional, sexual)

What is your reason for seeking counseling at this time?

Have you participated in therapy or counseling groups previous to this? What was your goal of therapy or the therapy group at that time? What was helpful? What was not helpful?

Are you currently seeing a medical doctor or psychiatrist? What is the nature of the visits?

Do you currently take any medications: i.e., over the counter, prescription, medical marijuana, psilocybin mushrooms, or any other fungal or herbal medications? If so, what medication and for what reason?

Do you consume alcohol, recreational marijuana, psilocybin mushrooms or recreational drugs? Has your drug, psilocybin, marijuana, or alcohol use been a problem for you in the past, or now?

Briefly tell if you experienced abuse in childhood, adolescence or as adult (physical, verbal, emotional and sexual abuse).

Please briefly tell if you have experienced or are experiencing PTSD, complicated grief, depression, anxiety, eating disorders, impulsive or compulsive behaviors, overwhelming stress or overwhelming emotions, and any other emotional or mental illness.

Have you ever or do you currently consider suicide or self-harm?

Have you ever or do you currently have thoughts or acted on thoughts to hurt someone else?

Please tell me how you are resilient. What are your strengths?

Within your current comfort level, please take time to complete this Attachment Survey

Experiencing safety and security:

As a child, how safe and secure did you feel with your adult care givers (parents or guardians), emotionally and physically? Did you have a comfortable connection with people you considered family?

Do you have a comfortable connection with people you consider family now?

Being vulnerable and emotionally open:

As a child, how comfortable was it to share emotions with your family or people close to you? With whom did you share vulnerable emotions? What was the response?

To whom do you turn to with vulnerable emotions now? What is the response?

Seeking comfort and care:

When you were hurt as a child, emotionally and physically, how comfortable was it to seek comfort and care from family or people close to you? From whom did you seek comfort and care? What was the response?

To whom do you seek comfort and care now? What is the response?

Possible childhood trauma:

Have there been any harmful or traumatic incidences in your childhood? If yes, please share what you feel comfortable sharing.

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Past romantic relationships:

Were you able to turn to former romantic partners with open emotions and vulnerability? How did you gain or how did you try to gain comfort and care within your former relationships?

Have there been any harmful or traumatic incidences in your past romantic relationships? If yes, please share what you feel comfortable sharing.

Current romantic relationship:

Are you able to turn to your current romantic partner with open emotions and vulnerability? How do you gain or how do you try to gain comfort and care in your current relationship?

Have there been any harmful or traumatic incidences in your current romantic relationship? If yes, please share what you feel comfortable sharing.

Possible harm to self:

In the past or now, in order to cope or gain some form of comfort, did you ever turn to i.e. alcohol or drug abuse, self-mutilation, binge eating or over-restricting food, over-exercising or avoiding movement, out of control sex, out of control gaming or gambling, out of control spending, extreme risk-taking, or other activities that might cause harm to yourself or others? If yes, what harmful behaviors and at what age? Are any of these harmful behaviors current?

How was answering these questions for you?

I really appreciate you taking time to complete this history.

(Updated September 2026)