EVOLUTIONARY HEALING INSTITUTE

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LIFE EVENTS

PATIENT NAME: _____ **DATE:** _____

LIFE EVENT	YES	NO
Marriage		
Pregnancy		
Addition to Family		
Son or Daughter Leaving Home		
Death of Family Member or Friend		
Death of Spouse		
Divorce		
Marital Separation		
Change in Number of Marital Arguments		
Sex Difficulties		
Trouble with In-Laws		
Spouse Begins or Stops Work		
Starting or Finishing School		
Vacation		
Change in Living Conditions		
Change in Residence		
Change in Schools		
Change in Recreational Habits		
Revision of Personal Habits		
Change in Sleeping Habits		
Change in Eating Habits		
Gaining Weight		
Losing Weight		
Outstanding Personal Achievement		

LIFE EVENT	YES	NO
Change in Line of Work		
Change in Work Responsibilities		
Change in Work Hours/Condition		
Trouble with Boss		
Fired from Work		
Laid Off from Work		
Business Retirement		
Change in Financial Status		
Mortgage or Loan over $10,000.00		
Foreclosure of Mortgage or Loan		
Trouble with the Law		
Jail Term		

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