



EVOLUTIONARY HEALING INSTITUTE

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TRAUMA HISTORY

PATIENT NAME: _____ DATE: _____

What are the three most traumatic things you have experienced?

- 1- _____
- 2- _____
- 3- _____

PRENATAL HISTORY

Was your pregnancy planned, were you a wanted child? _____

Were you premature; were you in an incubator for more than two days? _____

Was your birth difficult? _____

Was your mother in poor physical or emotional health, did she experience any losses or dramatic events during her pregnancy with you? _____

Did your parent(s) want a child of the opposite gender? _____

Were you adopted? _____

As an infant, were you separated from your mother at birth? _____

Did you have any medical problems or early hospitalization? _____

Were there other children in your family, Did you feel accepted by them? _____

Did your family have adequate food, shelter and other basic needs met? _____

Did you feel loved? _____

PHYSICAL HISTORY

Have you had any hospitalizations, surgery or serious illness? _____

Have you had any long-term or difficult medical treatments? _____

Have you had any life-threatening conditions? _____

Have you had any accidents (burns, falls, broken bones, auto accident, etc.)? _____

Have you had any difficult experiences with doctors, nurses or hospitals, how did you respond to the situation? _____

Have you experienced chronic, unexplained physical ailments? What was going on in your life when symptoms were first apparent?

___ Headaches _____

___ Stomach aches _____

___ Colitis _____

___ Irritable bowel syndrome (IBS) _____

___ Autoimmune disorder _____

___ Joint pains _____

___ Skin conditions _____

___ Other _____

FAMILY RELATIONSHIPS

Were you separated from either parent or siblings for a length of time, where and with whom did you live with then? _____

Did any family members have alcohol or drug problems? _____

Did your parents fight-physically, verbally, did you hear or see these fights? _____

How were you punished or disciplined, were you hit, how often, how severely? _____

Did you experience any incest, molestation, ongoing difficulties with siblings? _____

Were your parents married, divorced, remarried? _____

Were there any other relationships coming into the home? _____

How many caregivers did you have while growing up? _____

How many places did you live while growing up? _____

SCHOOL/WORK EXPERIENCES

Did you feel teased, tormented, bullied or threatened? _____

Did you feel excluded, outcast or ostracized? _____

Did you experience prejudices? _____

FRIGHTENING EVENTS

Have you had any direct experience with human-caused assault, kidnapping, mugging, rape, arson etc.?

Have you had any direct experience with nature-based fear, like tornado, earthquake, flood, fire etc.?

Have you witnessed any frightening events? Explain what, and at what age?

Do you have a close connection to someone who experienced a frightening event?

Have you had a frightening spiritual or religious experience?

LOSSES

Have you experienced any deaths of significant others, what circumstances?

Have you experienced the loss of a treasured pet?

Have you experienced the loss of a pregnancy, through what means?

Have you experienced a serious break-up with good friends, boy/girlfriend, spouse or significant other?

Have you experienced a loss of job, what circumstances?

Have you experienced a loss of home, what circumstances?

Other upsetting life events or experiences that you want to communicate.

Please save this form and email to ehmiami@gmail.com