

Today's Date: _____ Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Tel: h: _____ w: _____ cell: _____

email: _____

Birthplace: _____ Birth date: _____ Age: _____

Referred to Pathwork by: _____ Have you attended an event at Sevenoaks before? Yes ___ No ___

Please list titles and dates of programs previously attended:

Briefly describe your experience when here: _____

Please list other group experiences you have had:

<u>Type of group</u>	<u>Dates Attended</u>	<u>What was your experience of this group event?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you a member of the Pathwork? _____ When did you begin your membership? _____

Are you currently working with a Pathwork Helper? _____ If so, whom? _____

(If not, we will discuss with you at your interview who might be the right person for you to begin seeing.)

How did you hear about the Transformation Program? _____

Education. A summary of your education.

Completed in what year: High School: _____ College: _____

Graduate/Professional Degree _____

Training you have received: _____

Present Employment.

Work title and description: _____

Employed by: _____ Date began: _____

Significant Past Employment and/or Military Experience.

<u>Work title and/or description</u>	<u>Employed by</u>	<u>Dates: From - To</u>	<u>Reason for leaving</u>

Your History.

Family: Key People in Your Life. Current Age Illnesses How was your relationship with person?
(or age at death) (or cause of death)

Mother: _____

Father: _____

Step-parents: _____

Grandparents: _____

Uncles/Aunts: _____

Sisters: _____ Brothers: _____

Were your parents ever separated or divorced? _____ If so, for how long? _____

How old were you at the time? _____ With whom did you stay? _____

Did you ever live with anyone other than your parents while a child? _____ What age(s)? _____

Please describe the dynamics in your family as you were growing up: _____

Please describe any family history of substance abuse, mental or emotional problems, other abuses or dysfunction: _____

Relationships. Single _____ Partnered _____ Married _____ Divorced _____ Widowed _____

Other _____ (Please explain): _____

If currently married, how long? _____ Your age at start? _____ Your spouse's age at start? _____

If you are in a committed relationship, for how long? _____ In what way is it committed? _____

Previous Relationships: (check one) Describe relationship Duration Reason for Ending

Spouse _____ Major Relationship _____ _____

Spouse _____ Major Relationship _____ _____

Children: Indicate which are from a previous marriage or relationship with the letter "P" (previous) in column on right.

Name _____ Age _____ Sex ____ School or Occupation _____ P ____

Name _____ Age _____ Sex ____ School or Occupation _____ P ____

Name _____ Age _____ Sex ____ School or Occupation _____ P ____

Name _____ Age _____ Sex ____ School or Occupation _____ P ____

Current Emotional Support System. Please describe how you do or do not have support.

Friends: _____

Family Members: _____

Community: _____

Helper/Therapist/Bodyworker/Healer: _____

Medical/Mental Health. Past and current psychotherapy. (List type, experience with it, how ended, other therapies):

Name, phone number and email address of current or most recent therapist:

Past and current medications prescribed for mental/emotional health:

Drug Dose Prescribed For If Current, Monitored By

Hospitalizations for mental/emotional problems including substance abuse: If addiction, specify substance(s), treatment, and dates of treatment.

<u>Substance</u>	<u>Dates of Treatment</u>	<u>Treatment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have past or current problem with drinking or other mind-altering substances? Yes _____ No _____

If so,	<u>Dates</u>	<u>Description</u>	<u>Treatment and its Effects</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Summary of past and current counseling or psychotherapy:

<u>Dates</u>	<u>Description</u>	<u>Reason for Terminating</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever thought seriously about ending your life? Yes ___ No ___

<u>Date</u>	<u>Your Age</u>	<u>Why and What Kind of Thoughts?</u>	<u>What Was Your Plan?</u>
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever attempted suicide? Yes _____ No _____

<u>Date</u>	<u>Your Age</u>	<u>Why and What Happened?</u>	<u>What Treatment Did You Receive?</u>
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever engaged in self-mutilation in any form? Yes _____ No _____

<u>Date</u>	<u>Your Age</u>	<u>Please Describe Specifically</u>	<u>What Treatment Did You Receive?</u>
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been arrested or imprisoned? Yes ___ No ___

<u>Date</u>	<u>Your Age</u>	<u>Why and What Happened?</u>
_____	_____	_____
_____	_____	_____

Have you ever lost control of your anger and hurt someone? Yes ____ No ____

<u>Date</u>	<u>Your Age</u>	<u>Why and What Happened?</u>
_____	_____	_____
_____	_____	_____

Have you ever suffered from depression, mood swings, anxiety, or panic attacks? Yes ____ No ____

<u>Date</u>	<u>Your Age</u>	<u>Please describe specifically.</u>
_____	_____	_____
_____	_____	_____

What are the current stressors in your current life?

Have you experienced any of the following; Major Illness, Accidents, and/or Traumas?

<u>Age</u>	<u>Hospitalized? For How Long?</u>	<u>How are you affected by this now?</u>
_____	_____	_____
_____	_____	_____

Significant impairments or chronic illnesses that might limit your physical activities.

<u>Impairment/Illness</u>	<u>Description of Limitations</u>	<u>Medications or Treatment Prescribed</u>
_____	_____	_____
_____	_____	_____

Spiritual Life.

Please describe the spiritual or religious influence of your childhood and how this has affected you in your life?

What are your current spiritual or religious practices, and how are they working or not working for you?

What are the goals for your work in the Transformation Program? (Please write on back of page if you need to.)

Thank you for your time and attention. This information will be held in confidence.

Please send to: Karen Millnick, 403 Pathwork Way, Madison, Virginia 22727 tel 540-948-5548 fax 540-948-3956 email: spiritpath@cstone.net