

# HEALING PARTNERSHIP WENDY LUND

## PATIENT INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Referred by \_\_\_\_\_

## PATIENT INFORMATION

Tel Hm \_\_\_\_\_ Wk \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E mail \_\_\_\_\_  
Occupation \_\_\_\_\_  
Today's Date \_\_\_\_\_

What is your presenting problem?(When did it start, how does it affect you): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What major traumas have you experienced physical or emotional? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other events or circumstances have caused you to experience emotional upset or fear?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Marital status: \_\_\_\_\_ , Do you live with someone? \_\_\_\_\_

Past and present marriages (years, names & statement on the nature of the relationships, i.e., friendly, distant, physically/emotionally abusive, loving, hostile): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parents / Step-parents (Name / age or year of death / cause of death, occupation, personality, how did s/he treat you):

Father \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your parents relationship when you were young (under age 12).

\_\_\_\_\_  
\_\_\_\_\_

Give a brief description of your mother's life situation while she was pregnant with you.

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Was there anything unusual about your birth? \_\_\_\_\_

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Did your parents or Grandparents divorce? \_\_\_\_\_

Did your mother have any miscarriages or abortions that you know of? \_\_\_\_\_

Have you had any miscarriages or abortions? \_\_\_\_\_

Were you adopted or separated from either of your birth parents? \_\_\_\_\_

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Medical Doctors (name / phone): \_\_\_\_\_

Past/ Present medical care (major medical problems, surgeries, accidents, falls, illness)not yet mentioned: \_\_\_\_\_

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Specify all Medication you are presently taking and for what: \_\_\_\_\_

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What are your goals for treatment? \_\_\_\_\_

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How will you know when we have reached them? \_\_\_\_\_

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If a miracle happened when you were sleeping tonight, what would the result of that miracle be?

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List any additional information you feel may be relevant. \_\_\_\_\_

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# THE FAMILY TREE OF \_\_\_\_\_

Create a simple family tree. List your parents by name and your siblings in order of birth, the oldest being first. Note if they are no longer living or had special circumstances including: fame, alienation from the family, psychiatric illness, jail-sentence, drug addiction, any disability or early death. Also note the birth place of anyone born in a foreign country. (Please put in the correct number of siblings if greater or less than 4. If you do not know the names of your Aunts and uncles just put in "Brother" or "Sister" in the appropriate places.)

Your Immediate Family                  Fathers Name                  Mothers Name

Sibling's Names including yourself.

Your Mother's Family                  Mother's Father                  Mother's Mother

Mother and her siblings in birth order.

Your Father's Family                  Father's Father                  Father's Mother

Father and his siblings in birth order.