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Treatment Goals and History

This is a confidential questionnaire that will provide me with information that will be helpful in your therapy. If you will be seen with your partner, each should privately fill out their own copy and return to me separately. **There are a lot of questions here, so just answer in as much or as little detail as you like; if there are questions that you would rather not answer, leave them blank.** Attach extra pages if necessary. Please bring this to our first session or return to me before hand.

NAME _____

BIRTHDATE _____

REFERRAL SOURCE _____

May I contact referral source to thank them? _____

TODAY'S DATE _____

1. What made you seek therapy at this time?

If therapy is successful, how will you and/or your life be different? What are your therapy goals?

2. Name, ages, and brief description of people living in your home:

3. Education (degrees and courses of study):

4. Job History (name of employer, dates, position, degree of satisfaction):

5. Health History:

a) illnesses, injuries, surgeries:

b) current health issues:

c) current medications, reason:

d) Do you believe or have others told you that you have a problem with:

<input type="checkbox"/> alcohol	<input type="checkbox"/> insomnia	<input type="checkbox"/> anger
<input type="checkbox"/> drugs	<input type="checkbox"/> PMS/moods	<input type="checkbox"/> shame/shyness
<input type="checkbox"/> food cravings	<input type="checkbox"/> sexual issues	<input type="checkbox"/> social anxiety
<input type="checkbox"/> weight gain/loss	<input type="checkbox"/> depression	<input type="checkbox"/> focus
<input type="checkbox"/> body image	<input type="checkbox"/> anxiety/PTSD	<input type="checkbox"/> suicidal ideation

6. Family of Origin (you can draw a family tree on the back sheet):

a) Names, ages, brief descriptions:

b) What kind of relationship did you have with:

Your Mother:

Your Father:

Your Siblings:

Other significant members (stepparents, grandparents etc):

c) Important Events in Childhood:

d) Important Events in Teenage Years:

e) What was the mood in the home?

7. Relationship History (choose the most important relationships):

a) Names, dates, brief descriptions of partner(s) and basic qualities of the relationship:

b) What are your intimacy issues, patterns, and trends?

8. Trauma History:

a) Have you ever been sexually or physically abused? By whom? When?

b) What Significant Losses have you experienced? When?

c) Have you ever made a suicide attempt? _____ Please give details:

9. Describe yourself, including positive and negative traits:

10. Current Marriage/Relationship if in one, otherwise skip to question 11:

How long together: _____ If married, how long? _____

a) What was your initial attraction to your partner?

b) What do you currently like or appreciate about your partner?

c) What are the strengths or foundational aspects of your relationship?

d) What are the weaknesses of your relationship? What changes do you want to see?

e) Which of these issues are major sources of conflict for **YOU**:

- | | |
|-----------------------|------------------------|
| _____ money | _____ power/control |
| _____ parenting | _____ communication |
| _____ sex/quantity | _____ different values |
| _____ sex/quality | _____ respect |
| _____ in-laws | _____ trust |
| _____ household tasks | _____ other _____ |

In Your Marriage/Relationship, What Is:

Your Level of Commitment

1 2 3 4 5
 Low High

Your Level of Distress

1 2 3 4 5
 Unhappy Happy

Your Level of Sexual Satisfaction

1 2 3 4 5
 Low High

Your Level of Emotional Satisfaction

1 2 3 4 5
 Low High

f). Describe your Sexual and Emotional Intimacy. What is/is not satisfying for you?

g). What happens when you fight? What are your triggers? Is there a cycle you can describe?

h). How do you reconnect after an argument?

Check all of the statements that reflect what you **DO** and the way you **FEEL** when you and your partner are not getting along or fighting. **Then Circle** the most descriptive factors for you.

What I Do:

I attack	I get louder	I seek closeness	I make demands
I avoid conflict	I get quiet	I seek distance	I get reasonable
I blame	I give up	I cling	I take control
I clam up	I give in	I push away	I shut down
I criticize	I pursue	I try to engage my partner	I become passive/aggressive
I defend	I withdraw	I try to manage the conflict	I stonewall

What I Feel:

I feel abandoned	I feel intimidated
I feel afraid/anxious	I feel isolated
I feel alone	I feel like it's always my fault
I feel angry	I feel judged
I feel attacked	I feel misunderstood
I feel blamed	I feel numb
I feel controlled	I feel overwhelmed
I feel confused	I feel put down
I feel criticized	I feel rejected
I feel disconnected	I feel scared
I feel flooded with emotion	I feel shut out/pushed away
I feel guarded	I feel unable to calm myself down
I feel hopeless	I feel unable to focus my thoughts
I feel hurt	I feel unappreciated
I feel like I don't know what I've done	I feel unattractive
I feel that I don't matter	I feel unimportant
I feel ignored	I feel un-loveable
I feel inadequate	I feel _____

What I Tend To Do:

Fight/Get Assertive
Flee/Get Away
Submit/Give In

What My Partner Tends to Do:

Fight/Get Assertive
Flee/Get Away
Submit/Give In

11. Previous Therapy

Names, dates, type of therapy. Was it positive/negative/neutral? What was helpful and what wasn't?

12. Is there anything else that you want me to know?