

## Therapist's Initial Questionnaire

Client ID Number \_\_\_\_\_

Name of Therapist \_\_\_\_\_

Therapist email address \_\_\_\_\_

I have training in the following (click all that apply):

Bioenergetic Analysis Somatic Experiencing EMDR Hakomi Sensorimotor therapy

Core Energetics Trager work Other Body-Oriented  
therapy \_\_\_\_\_

The client has the following strengths:

Adaptability Courage Desire for change Positive outlook Flexible

Belief s/he can change Empathy Self-esteem

List any other strengths \_\_\_\_\_

The client has a history of (circle all that apply): Developmental trauma Shock trauma

Childhood sexual abuse Adult sexual abuse Childhood physical abuse

Adult physical abuse Childhood emotional abuse Adult emotional abuse

Death of a parent as a child at age \_\_\_\_ Death of a sibling as a child at age \_\_\_\_\_

Veteran of war Being a refugee

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_