Integrated Attachment Theory™

Client Intake Form

CLIENT INTAKE QUESTIONS:

Personal Information

Name:_______________________________________

Date: _______________________

Parent/Legal Guardian (if under 18):

____

Address: ____

Home/Cell/Work Phone: ______________________________

May we leave a message? ☐ Yes ☐ No

Email: ____

May we leave a message? ☐ Yes ☐ No

DOB: ________________________________

Age: _______

Gender: _________________

Martial Status: ☐ Never Married ☐ Domestic Partnership ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

Referred By (if any):

____

History Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)? ☐ No ☐ Yes, previous therapist/practitioner:

____

CLIENT INTAKE QUESTIONS:

Are you currently taking any prescription medication? ☐ Yes ☐ No If yes, please list:

____

____

Have you ever been prescribed psychiatric medication? ☐ Yes ☐ No If yes, please list and provide dates:

____

____

General and Mental Health Information

1.How would you rate your current mental/emotional health? (Please circle one):

Poor / Unsatisfactory / Satisfactory / Good / Very good

Please list any specific health problems you are currently experiencing:

____

2.Have you ever been diagnosed with a personality disorder or any other mental health disorder? If so, please describe below:

____

3.Are you currently experiencing overwhelming sadness, grief or depression? ☐ No ☐ Yes
If yes, for approximately how long?

____

CLIENT INTAKE QUESTIONS:

4. Are you currently experiencing anxiety, panics attacks or have any phobias? ☐ No ☐ Yes
If yes, when did you begin experiencing this?

____

5. Are you currently seeing any other counsellor, coach psychiatrist or psychologist? ☐ No ☐ Yes
If yes, please describe:

____

Additional Information

1. Is there anything that you would like me to know about you? Please list below.

____

____

2. What are you hoping to accomplish through our work together?

____

____

General Release of Liability Waiver
Liability Release, Waiver, Discharge and Covenant Not to Sue

RELEASE FORM:

This GENERAL RELEASE (this "Agreement") dated this _____ day

BETWEEN:

Client's Name: _____ (the "Releasor")
AND:
_____ (the "Releasee")

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, "Release"), made voluntarily by me, the undersigned Releasor, on my own behalf and on behalf of my heirs, executors, administrators, legal representatives and assigns (which terms shall also include Releasor's parents or guardian if Releasor is under 18 years of age in the state/province of _____.

CONSIDERATION

1. The Releasor releases and forever guarantees the Releasee, its owners, directors, officers, employees, agents, assigns, legal representatives and successors from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims and demands for or by reason of any damages, injury to person and property which may be sustained at any time.
2. As the undersigned Releasor, I voluntarily assume all risk of personal injury in any form sustained during my interactions, consultations and business dealings with the Releasee. By signing this Release I recognize that I am giving up, among other things, all rights to sue Releasees for injuries, damages or any losses that I incur. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as myself.
3. I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release.

_____. _____.
(Releasor's Signature) (Parent's Signature if Signatory is a minor)

_____. _____
(Print Name) (Print Name)

_____ _____
(Date) (Date)

Client Discovery Questionnaire

BASIC HUMAN NEEDS

Based on the work of Tony Robbins

1. **Growth** - the desire to grow or expand in any area of life.
2. **Contribution** - the desire to give or serve.
3. **Significance** - the desire to feel recognized, important, and/or meaningful.
4. **Uncertainty/Novelty** - the desire for change, novelty, and exploration.
5. **Love and Connection** - the desire to feel and express love and or closeness.
6. **Certainty** - the desire to feel safe and secure.

COMMON LIMITING BELIEFS

What patterns of negative internal meaning do you most repetitive
when they are not working in your favor? Ask your clients to rate from 1-10 which beliefs affect them most.

I am not enough	I am abandoned or alone	I am unloved
I am bad	I am weak	I am unsafe
I am stupid	I am unworthy	I am helpless
I am unseen or unheard	I don't matter	Something is wrong with me
I don't belong	I am disliked	I am unimportant
I am disconnected	I am excluded	I am disrespected
I am rejected	I am trapped or stuck	I am powerless or have no control

Self-Discovery Questionnaire

LIST OF MAJOR EMOTIONS AND THEIR OPPOSITES

Highlight the emotions that you experience the most often (both p

Abandoned – Adopted, Cherished, Defended
Afraid – Brave, Calm, Composed, Fearless
Alone – Together
Annoyed – Gratified, Pleased
Anxious – Brave, Calm, Collected
Ashamed – Calm, Confident, Happy, Joyful
Betrayed – Assisted, Helped, Loyal, Faithful
Blamed – Approval, Praise
Bored – Energized, Refreshed
Burdened – Unloaded
Cheated – Faithful, Fair
Concerned – Calm, Collected, Composed
Confused – Clear, Composed, Organized
Crazy – Balanced, Calm, Collected, Sane
Heaviness – Thinness, Light
Despair – Hope, Joy
Devastated – Create, Construct, Guarded, Protected
Disappointed – Calm, Cheerful, Comforted, Encouraged
Disgusted – Attracted, Delighted, Pleased
Doubt – Belief, Calm, Clarity, Certainty, Confidence
Helpless – Able, Capable, Fit, Powerful
Embarrassed – Composed
Empty – full
Exhausted – Able, Active, Energized, Strong
Guilty – Innocent, Right, Moral, Good
Impatient – Easygoing, Controlled, Patient, Tolerant
Inadequate – Able, Abundant, Capable, Enough
Insecure – At Ease, Calm, Collected, Composed
Horrified – Brave, Calm, Fearless
Hurt – Happy, Pleased
Lazy – Active, Careful, Attentive, Energetic
Lethargic – Alert, Active, Animated, Lively
Lonely – Populated, Close, Loved, Sociable
Uncertain – Sure, Confident, Predictable
Lost – Seen, Alive, Attentive, Aware
Offended – Flattered, Praised, Complimented
Outraged – Calm, Relaxed, Happy
Pressured – Free, Left Alone, At Ease
Punished – Cleared, Released, Exonerated
Trapped – Free
Rage – Calm, Love, Peace, Indifference
Rebellious – Happy, Obedient, Compliant
Regret – Comfort, Content, Delight, Joy
Rejected – Cherished
Resentment – Delight, Happy, Connected, Free
Sadness – Cheer, Happiness, Joy
Scared - Bold, Brave, Cool, Courageous
Self-Conscious – Calm, Comfortable, Confident, Easy
Shame – Pride, Approval, Esteem, Honor, Respect
Silly – Intelligent, Mature
Suffering – Ease, Calm, Relief, Joy
Worried – Calm, Comforted, Happy, Relaxed
Wary – Certain, Careless

Determining Your Attachment Style

Below you'll find the most common traits that each Attachment Style expresses.

SECURE ATTACHMENT STYLE

1. Satisfied in relationships
2. See parent as secure figure that lays a foundation from which the individual can go out and experience/explore their world
3. Feels safe and connected to adult partner
4. Feels safe to rely on others and comfortable with others relying on them (in an interdependent manner)
5. Can offer support and love to one another
6. Safe to be intimate and open with a partner (emotionally, mentally, physically)
7. Trust, harmony, ability to work through conflict in a constructive manner overall (imperfect as humans are)

ANXIOUS PREOCCUPIED ATTACHMENT STYLE

1. Constantly desire more and more connection
2. Likely to form a fantasy bond in relationships
3. Willing to self-abandon in order to connect with others
4. Cling to their partner as an attempt to derive safety
5. Deeply fear abandonment and often avoid spending time alone
6. People-pleasing
7. Out of touch with own feelings and needs

Determining Your Attachment Style

Below you'll find the most common traits that each Attachment Style expresses.

FEARFUL AVOIDANT ATTACHMENT STYLE

1. Afraid of abandonment while also fearing too much closeness in relationships
2. Swing between fear of abandonment and fear of needing to rely on others in an ambivalent manner
3. Can be overwhelmed by their own emotions and express volatility in relationships
4. Will often feel confused and exhausted by relationships, as relationships bring many of their triggers and fears to light
5. Crave for depth of connection and fear it/distrust it simultaneously
6. Many highs and lows in relationships

DISMISSIVE AVOIDANT ATTACHMENT STYLE

1. Desire to maintain distance from partner and avoid vulnerability
2. Self-oriented perspective, believing that everyone is completely responsible for self and shouldn't rely on others (Independence > interdependence)
3. Get needs met from creature comforts and fear relying on others
4. Out of touch with own emotions
5. Able to compartmentalize and internalize feelings for prolonged periods of time
6. May flaw-find as a strategy for self-protection

From what you read above, which attachment style resonates most with you?

A. Secure Attachment
B. Anxious Pre-Occupied
C. Fearful Avoidant
D. Dismissive Avoidant

Self-Discovery Questionnaire

ABUNDANCE BLOCK LIMITING BELIEFS

These are common blocks. Circle yours below.

I am not worthy of	Money or my goal is "bad"
I don't have value	I don't know what to do when I achieve my goals
I don't trust myself	I am not capable of achieving
People will take from me	I don't know how to receive or feel guilty receiving
I am "bad"	This brings up past negative associations or fears
I'm too afraid	Something bad will happen
There isn't enough	People will take from me
People will be jealous	I don't want to take responsibility for my life

Self-Discovery Questionnaire

1. Where are you most empowered in your life? (Refer to the 7 areas)
2. Where are you least empowered in your life? (Refer to the 7 areas)
3. What patterns of recurring patterns of internal dialogue (in the negative form) do you often experience?
4. What self-sabotage behavioral patterns do you experience most? Why?
5. What do you often turn to when you are trying to motivate yourself?
6. Where do you have a lot of self-awareness? (Ex. At work, about behavior)
7. Where do you have minimal self-awareness? (Ex. In relationships, with family)
8. What negative patterns do you most often have with your relationship to money?
9. What are your primary triggers when you're around family?
10. What are your primary triggers when it comes to relationships?
11. What types of conversations trigger you most?
12. What do you spend the most time your time thinking about?
13. What do you spend the most time imagining or fantasizing about? Why?
14. What do you speak to others about most often?
15. Where do you waste the most time in your life? Why?
16. What are your three greatest fears?
17. What characteristics do you judge most in:
    - Your mother
    - Your father
    - Your siblings
    - Your partner
    - Your close friends
18. Where are you exhibiting these same traits? List 3 different areas/circumstances in your life that you do this also.
19. What patterns of behavior have you picked up most from your Mother? Father?
20. What are you still stuck on from the past? Look deeply – how is it serving you to hold onto this still?
21. What would happen if you let this experience go? What would it take for you to let it go?
22. What are you most insecure about?
23. What are your fears?
25. How do you fears currently affect your life?

Self-Discovery Questionnaire

26. Where are you a powerful communicator?
27. Where are you a poor communicator? Why?
28. What boundaries do you set with:
    - Your family
    - Your partner
    - Your co-workers
30. Are these boundaries motivated by fear or self-love? Are they respected?
31. What are you ashamed of?
32. What are your expectations of others in relationships?
33. What have you not forgiven yourself for?
34. Where does guilt show up most often in your life?
35. What are you resentful for? Why?
36. What needs are most important to you in a romantic relationship?
37. What is your relationship like to your boundaries?
38. Do you feel safe in your body? Do you feel safe on a daily basis?
39. How do you communicate in relationships when you are triggered?
40. How do you cope (what behavioral coping mechanisms do you use) when you are upset, frustrated or unsatisfied?
41. What area do you feel as though you struggle with most? (You can rate each from 1-10)

A) Emotional Regulation
B) Core wounds & internal dialogue
C) Boundaries
D) Communication & self-expression
E) My needs
F) My expectations of others in relationships
G) Unhealthy coping mechanisms when I feel distressed

Self-Discovery Questionnaire

Use this Page to record your answers to at least 20 questions from the list above:

Self-Discovery Questionnaire

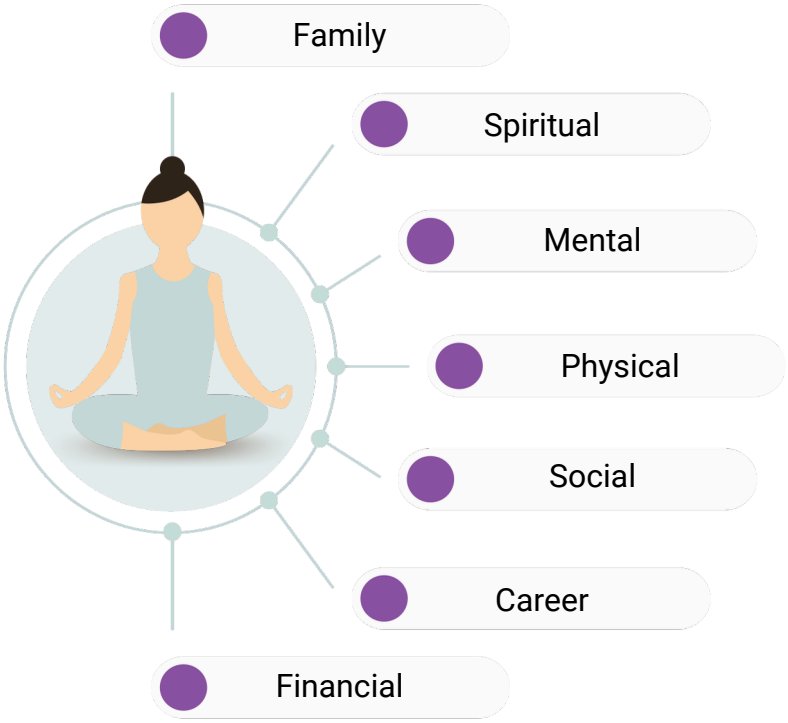
What insights do you have from answering the questions above?

SETTING GOALS: MAJOR AND MINOR

A. Major Goals: Which major goal do I want to focus on? Do you have a "why"?

Self-Discovery Questionnaire

7 MAIN AREAS OF LIFE



B.Minor Goals: Set a goal in ONE sentence for each of the 7 Areas of Life to support your major goal. Add one simple strategy to achieve this next to each area.

Physical - _____
Strategy - _____
Emotional - _____
Strategy - _____
Financial - _____
Strategy - _____
Career - _____
Strategy - _____
Relationships - _____
Strategy - _____
Mental - _____
Strategy - _____
Spiritual - _____
Strategy - _____

Self-Discovery Questionnaire

C. Fears: For each of the above areas, what is your “yeah – but” (or place of personal resistance/fear)?

Physical

Emotional

Financial

Career

Relationships

Mental

Spiritual