



Directions Unlimited  
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## New Directions Workshop Course Information Sheet (CIS)

*Please complete this worksheet prior to the workshop and fax it to the number above.*

### Personal Information

Name: _____	Course Date: _____	DOB: _____
Address: _____	Course City: _____	
City: _____	State: _____	Zip: _____
E-Mail: _____	Home Phone: _____	Work Phone: _____

**\*\*\* Please Note: All information provided here will remain confidential! \*\*\***

### Family Information

Relationship	First Name	Age	Personality Description	Occupation	Died? Cause / Year
<b>YOU</b>					
Mother					
Father					
Step-Mother					
Step-Father					

**Check appropriate boxes below. List oldest to youngest siblings...**

Brother <input type="checkbox"/>	Sister <input type="checkbox"/>	Step? <input type="checkbox"/>	First Name	Age	Personality Description	Occupation	Died? Cause / Year
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

*(For additional siblings, list the same information as above on last page of this form)*

Relationship	First Name	Age	Personality Description	Occupation	Died? Cause / Year
Spouse/ Significant Other					

Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	Step? <input type="checkbox"/>	First Name	Age	Personality Description	Occupation	Died? Cause / Year
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Describe how your parents related to each other: \_\_\_\_\_

Describe how your father related to his children: \_\_\_\_\_

Describe how your mother related to her children: \_\_\_\_\_

Describe how you currently feel about your parents: \_\_\_\_\_

## Your Past

Describe your employment: \_\_\_\_\_

How do you feel about your work? \_\_\_\_\_

Have you served in the armed forces? \_\_\_\_\_ Describe your experience: \_\_\_\_\_

Do you have, or have you had, any major physical illnesses or injuries? \_\_\_\_\_

Please describe: \_\_\_\_\_

Are you presently taking any medications? \_\_\_\_\_ If so, what? \_\_\_\_\_

Have you, or any members of your family, had problems with alcohol or drugs? \_\_\_\_\_

Please explain: \_\_\_\_\_

As a child, did anyone in your family have a handicap or prolonged illness? \_\_\_\_\_

Please describe: \_\_\_\_\_

Have you ever experienced any physical or emotional abuse? \_\_\_\_\_

What did you experience? \_\_\_\_\_

Are you: Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Living Together \_\_\_\_\_

Describe your current relationship: \_\_\_\_\_

What could you do differently to improve this relationship? \_\_\_\_\_

Describe your relationship with your children: \_\_\_\_\_

Have you had counseling or therapy? \_\_\_\_\_ What were the results? \_\_\_\_\_

What could you have done to make the results more positive? \_\_\_\_\_

In what other ways do you add to your personal growth? \_\_\_\_\_

## Goals For Yourself

As a result of this course, what **specific** changes would you like to create in your life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Early Recollections (ERs)

Think back as far as you can and describe the first specific incidents that you remember. Tell how old you were and what feeling you had. Make sure it is a specific incident and not a generalization.

An example of a specific recollection: ER #1 – Age 7 - *My father and I were working on his car. I was actually doing all the work but he was explaining exactly how to do every movement, like he was talking to a 2-year-old child. I felt like he didn't trust me. I was angry and never wanted to work on the car again.*

The following is **not** a specific recollection: ER #1 – Age 7 – *When I was a kid, I hated to work on the car.*

Please complete below by describing your early recollections and how you felt about each one.

**ER #1** Age \_\_\_\_\_ :

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**How you felt:** \_\_\_\_\_

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**ER #2** Age \_\_\_\_\_ :

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**How you felt:** \_\_\_\_\_

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**ER #3** Age \_\_\_\_\_ :

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**How you felt:** \_\_\_\_\_

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