

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
YOU					
Mother					
Father					
Step-Mother					
Step-Father					

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

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

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

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 _____ : _____

How you felt: _____

ER #2 Age _____ : _____

How you felt: _____

ER #3 Age _____ : _____

How you felt: _____
