

CLIENT INTERVIEW QUESTIONNAIRE

Confidential Information for use by Donna Evans Strauss.

Donna Evans Strauss
241 Riverside Drive
Holly, Hill 32117
destrauss418@gmail.com
(215) 470-2227

Date:

Name:

Your Age:

Address:

City:

State:

Zip Code:

Tel (home):

Tel. (work):

Tel (cell):

If outside U.S., please give a fax #:

email:

Birthplace: Birth date:

Have you attended a BrennanWorkshop? Yes No

Title and date of program previously attended:

Briefly describe your experience in workshop:

How did you hear about my practice, website, friend, other?

Have you previously worked with a Brennan Practitioner? Yes No If so, who?

Are you currently working with a helper, therapist or other healer? Yes No

If so, please list names and how long you have worked with each:

Education: Give summary of education completed: High School College

Degree in college? Graduate/Prof. Degree?

Areas of study in school?

Present employment: List work title and description of work:

Employed by: Date began:

Brief sketch of major prior employment:

Relationship status: Single Married Partnered: Divorced/Separated Widowed:

Other: (Please explain):

If currently married, give date of marriage or partnership:

Name of partner:

If separated or divorced, give date of separation or divorce:

If you are in a committed relationship, for how long?

Previous marriages or major partnerships or major relationships:

Name	Date started	Date ended	How ended

Numbers and ages of children (note if children are adopted or step-children):

Do they live with you?

Key people in your life. (Place "Yes" besides the names of persons who live at the same place that you do now. Show date of death if deceased.)

Name	Age	Comments
Mother		
Father		
Spouse		
Brother		
Sister		
Other		

How many brothers and sisters? And what are there current ages?

Childhood. Were your parents ever separated? Yes No If so, for how long?

How old were you at the time? With whom did you stay?

Did you ever live with anyone other than your parents while you were a child?

At what age? With whom?

More comments about family of origin / childhood. (Include climate of your home, family dynamics, and any family history of substance abuse, physical, emotional, or sexual abuse.)

Counseling, psychotherapy, or sessions? Give summary of past work in therapy. Please give length of work.

How long?

How long?

How long?

Spiritual work. Any spiritual counseling?

Significant spiritual experiences?

Significant religious experiences?

Childhood religion?

Have you learned any form of meditation? Yes No What form?

Do you meditate regularly? Yes No Do you pursue any other spiritual practices regularly? Yes No

Please describe:

Illnesses that might bear on your work here:
(Attach detailed description if you would like.)

Please list specifically if you have depression, bipolar, schizophrenia, or traumas.

Illness or condition:	Treatment:

Are you taking any mood altering medications? Yes No If so, names and amount per day.

Medication Name:	Amount per day:

Have you ever lost control of your anger and hurt someone? Yes No Describe briefly:

Have you ever been hospitalized for psychiatric reasons or for substance abuse? Yes No

If so give dates and description of treatment, and what was reason for hospitalization.

Date of hospitalization	Treatment	Reason for hospitalization?

Do you have a history of drug or alcohol abuse? Yes No

Give dates, description, and treatment and its effects.

Date	Description	Treatment and effects on you

Have you ever seriously threatened or attempted suicide? Yes No

If yes, give dates, description, and treatment and its effects.

Date	Description	Treatment and effects on you

Describe any other information you want me to know about you for our sessions together.

AGREEMENT

All information shared within our sessions are confidential. I keep confidential everything you say during our sessions to insure your privacy. The only time I am responsible to break confidentiality is by law if you threaten to harm yourself or others. In this case I would support you in getting the help you need in this type of emergency. The only other time I am allowed to share any of our sessions, is with your written permission to another health care professional or person of your choice.

The work done in the sessions may cause strong emotions, and this is generally an important part of the transformation work. However, under no circumstances is it permitted for you to physically harm me, nor is it permitted to destroy my property. My fee is 120.00 per hour/ 175.00 per 1 ½ hour. Our first session may last 1-1 ½ hour to review your questionnaire and do our initial intake. You are responsible for payment the day of session unless otherwise negotiated with me. You can pay in person or on PayPal. I also have a 48 hour cancellation policy so I may schedule others into your session. Unless it is an emergency, you are responsible for cancelling your session 48 hour prior to your session otherwise you are responsible for the payment.

I have read and agree to abide by the agreements written above.

Name _____

Date _____

Thank you.

Email questionnaire to: destrauss418@gmail.com or bring to 1st session.