**Detailed Personal History Intake Form**

[Always look to move client from effect to cause]

|  |  |
| --- | --- |
| 1. What do you enjoy or are passionate about? |  |
| 1. What is the problem or issue that brought you here? |  |
| 1. What have you done about it in the past? |  |
| 1. How do you know that you have this problem?   *[looking for reality strategy here]* |  |
| 1. How specifically is it a problem for you now? |  |
| 1. How often is this a problem for you? |  |
| 1. How long have you had it? Was there ever a time when you didn’t have it? |  |
| 1. What was happening in your life when the problem first occurred? |  |
| 1. Tell me about the first time you remember having this problem. What emotions were present? |  |
| 1. Tell me about your childhood in relationship to this problem? |  |
| 1. Does anyone else in your family experience this problem? |  |
| 1. Tell me about events since the first event through your life in relationship to this problem. |  |
| 1. Is the problem worsening over time 🗖 Yes 🗖 No |  |
| 1. What’s the relationship between all these events and your current situation life? *[greater level problem]* |  |
| 1. If there were a grander purpose for having this problem, what would that be? Ask your unconscious mind … |  |
| 1. What does this problem allow you to do?   *[secondary gain]* |  |
| 1. What does this problem not allow you to do? |  |
| 1. Is there something that your unconscious mind wants you to get, that if you got it, it would cause the problem to disappear? |  |
| 1. What have you been unable to do to resolve this issue? |  |
| 1. What are you willing to do in order to change this issue?   *[Leverage. Anything? Really?]* |  |
| 1. How will you know that the problem no longer exists? What will be different? |  |