INTRODUCTORY & INTAKE FORM

Expert Outcomes Stephanie C. Shipper

stephanieshipper@icloud.com (919) 572-2215

Dear Client,

Our work together begins with this in-depth questionnaire. This will be quite different than other you may have experienced and is designed to help you think through who you are, where you want to be, It is also designed to help me understand your world so that I can support you in releasing the painful past and live more fully in the positive present.

How Will This Help Our Work?

It will save money and time in gathering information that is important to your quality recovery.

Please answer each question with only 2 to 3 sentences and be as honest and open as possible. I do understand that these questions may stir emotions. Please complete them with an attitude of persistence & trust in the process.

If you don't know the answers, then put a question in front of that question and I will be sure to help you answer the questions most important for you in your session. Let nothing stand in your way (complete or incomplete).

QUESTIONS:

- 1. What is the single most important change you would like to make as a result of working together?
- 2. What change will the change make in your personal/professional Life?
- 3. What have you already tried in regards to this change? What has worked? What does not work for you?
- 4. What are your 3 most important personal goals for this year?
- 5. What are the 3 most important professional goals for this year?

6. What if anything is blocking your progress towards these goals?
7. What would double your level of happiness and fulfillment this year?
8. What would double your professional success this year?
9 What areas of your life are working really well?
10. What areas of your life are you spinning your wheels?
11. Who are you when you are at your best?
12. Who are you when you are your least resourceful self?
13. What gets in the way of you living as your best self on a more consistent basis?
14 How often do you sacrifice what you want to please someone?
15. How often do you sacrifice what you want to avoid threatening someone?
16. How often do you pretend that things are okaywhen you don't feel that way inside?
17. What is the biggest lie you have been telling yourself?
18. Which of your relationships is the most unconditionally loving?
19. What are you most proud of?

20. Who are your personal/professional role models? Who do you seek to emulate?
21. What brings you joy?
22. What are the 5 emotions you feel most often each day?
23 What are the 5 emotions you would like to experience more often?
24. What are your greatest personal strengths?
25. What are your greatest areas in need of improvement?
26. If there was one habit of thought, feeling,or behavior that would make the greatest overall positive difference in your lifewhat would that be?
27. Do you make most decisions based on rational deliberation, gut instinct, intuition, emotion, or some combination of these modes?
28. What is your perspective on intuition? Do you consider yourself strongly intuitive? In what situations does your intuition manifest most easily?
29. How many siblings do you have?
30. What are their ages?
31. How many have passed away? How old were you when they passed away?
32. Are your parents still living?

33. If they got divorcedhow old were you when they got divorced?
34. What was your life like growing up? Your relationship with parents and siblings?
35. What was your experience of school in your childhood years? Teenage years?
36. To what degree do you currently feel supported in your personal and professional aspirations by your family/spouse/friends?
37. Who (if anyone) is likely to feel threatened by you or resentful of your success?
38. To what degree are you at peace with your past?
39. To what degree do you believe your past experiences continue to negatively impact your present life?
40. To what degree do you believe your positive experiences impact your present life?
41. What is the essence of your spiritual/religious beliefs, If any?
42. Are you currently an active member of a spiritual/religious community? Which one?
43. What role does your spiritual perspective play in your life?
44. Have your spiritual beliefs changed to a great degree over your life? Is so how?
45 How quickly do you tend to recover from emotional setbacks?
46. How physically active are you?

47. How well do you care for your body?
48. Are you currently experiencing any chronic or reoccurring physical pain?
49. How healthy is your diet?
50. How well do you sleep?
51. How healthy do you feel?
52. What emotions are the most difficult for you to deal with?
53. What were the 5 emotions most commonly expressed in your household growing up?
54. Do you have physical symptoms that disturb you?
55. What is the biggest source of stress in your life?
56. What do you do to relax?
57. What do you do for fun?
58. When was the last time you laughed out loud?
59. How often do you laugh in a typical day?
60. How often do you connect with nature?

61. Do you have a companion animal?
62. How are your relationships?
63. Do you receive enough emotional support through your social interactions?
64. How do you get yourself out of negative moods?
65. How many happy people (friends and relatives) are you in contact with on a regular basis?
66. What is your history of working with therapists, counselors, or energy medicine practitioners?
67.Are you currently taking any medications? If so which ones?
68. Are you now or in the past suicidal?
69. Have you ever attempted suicide? If so when?
70. Have you ever received a diagnosis of the following conditions? Anxiety disorder, bipolar illness, ADHD, schizophrenia, borderline personality disorder, post traumatic stress, obsessive compulsive.
71. Does anyone in your family have a history of substance abuse? If yes, please specify.
72. Do mental health issues run in your family?
73. Do you smoke? If not nowwhen did you smoke and for how long?

74. Any other medical/personal conditions I need to be aware of?
75. Name and contact info of your primary physician?
76. Name and contact info for your psychologist, counselor, therapist, psychiatrist.
77. Is there anything else you would like to share to help me help you?
78. What excites you most in relationship to our work together?