



## **CLIENT DHARMIC HISTORY FORM**

**Last Name:**

**First Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Fax:**

**Email:**

**Payment Preference: Credit Card      Check      Pay Pal**

**Credit Card #:**

**Exp. Date:**

### **WHY DID YOU CONTACT SPIRIT FIRST COACHING?**

Share one thing that you would like to create as part of your motherhood experience that would bring you closer to grace and ease?

Share one thing that you would like to eliminate in life or move away from that is currently part of your motherhood experience, that is pulling you down energetically and keeping you stuck in depression, anxiety, guilt, and blame, etc?

### **KNOWLEDGE OF SPIRIT FIRST COACHING**

How did you hear about Spirit First Coaching?



**PERSONAL DATA** (Check all that apply)

Male      Female      Married      Single      Co-Habiting      Divorced \_\_\_\_ # Marriages

Spouses Name: \_\_\_\_\_ Spouses Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Astrological Sign \_\_\_\_\_

Number of Children: \_\_\_\_ Names and Ages: \_\_\_\_\_

Identify which child or children have special needs? \_\_\_\_\_

Briefly describe the special needs that impact your child’s life and therefore your life as the mother?

How long have you been aware of these needs? \_\_\_\_\_

Briefly describe how having a special needs child has impacted your life in ways that you find challenging?

U.S. Citizen:      Yes      No

**FAMILY HISTORY**

Who were your primary caretakers? \_\_\_\_\_

What level of education did your mother achieve?

Less than HS      High School      Some College      College Degree      Graduate Degree

What level of education did your father achieve?

Less than HS      High School      Some College      College Degree      Graduate Degree

Was your mother raised in a: Affluent      Middle Class      Working Class      Poor Family

Was your father raised in a: Affluent      Middle Class      Working Class      Poor Family

Was your mother: Religious      Spiritual      Neither

Was your father: Religious      Spiritual      Neither

Did your parents divorce? \_\_\_\_ If yes how old were you? \_\_\_\_\_

Do you consider yourself to be an Introvert or an Extravert? \_\_\_\_\_

Were either of your parents or caregivers addicted to any drugs? \_\_\_\_ yes or no (If yes then who:)

Number of siblings you were raised with: \_\_\_\_ Your birth order: \_\_\_\_\_

Were you abused emotionally, verbally, physically, emotionally or sexually by anyone? Please clarify who, when and for how long?



Please include other significant traumas that influenced your life:

Were you hugged **OFTEN** as a child? \_\_\_\_\_

Did you hear “I love you **OFTEN** as a child?” \_\_\_\_\_

Did your parents or caregiver drink?

Occasional, Often, Heavily, Very Rarely, Never, Other \_\_\_\_\_

Did either of your parents hit you? Occasionally (3x a year) Often (weekly) Heavily (belt, wooden spoon, etc)

Very Rarely (3x during childhood) Never

Complete this Sentence Completion, “Sometimes, my childhood was difficult because...”

Briefly describe your mother’s and father’s or caregiver temperament and relationship with you:

Mother:

Father:

Caregiver:

**YOUR FINANCIAL PARADIGM** (To Help Us Access Your Abundance or Lack Issues)

What is your current annual earnings? Base \_\_\_\_\_ Bonus \_\_\_\_\_ Total \_\_\_\_\_

What are your financial reserves: \_\_\_\_\_ How strong is your credit rating? (check one)

Strong Above Average Marginal Not Sure

If you lost your job today how long would you financially survive? \_\_\_\_\_



**PRIMARY MOTIVATION FOR SEEKING CHANGE** (Check all that apply to you.)

- |  |   |                                    |
|--|---|------------------------------------|
| Addiction Challenges                               | Holds back love   | Paradigm crash within last 3 years |
| Who:   | Immersed in guilt and sorrow related to my child/children | Bankruptcy:                        |
| What Kind:   | Lack of balance   | Death:                             |
| Who:   | Little or no joy in parenting                             | Divorce:                           |
| What Kind:   | Low opinion of self                                       | Other:                             |
| Always broke                                       | Martial affairs (yours/others)                            | Poor marriage                      |
| Broken heart                                       | More growth potential                                     | Poor temper control                |
| Chronically stressed out                           | More job satisfaction                                     | Physically abusive parents         |
| Currently Depressed                                | Need more income  | Seeks more authority               |
| Divorce  | Not getting along with boss                               | Seek more personal recognition     |
| Dominated by others                                | Not getting along with friends or losing friends          | Seeks new career                   |
| Emotionally abusive parents                        | Numerous marriages  | Seek more spiritual growth         |
| Feeling judged by family, friends or professionals | Overwhelming Fears  | Seeks a soul mate                  |
| Health challenges                                  |   | Sexually abusive parents           |
| Highly functional depressive                       |   | Unemployed                         |
|  |   | Unsatisfactory sex life            |
|  |   | Withdraws vs. confronting people   |

**LIFE SKILLS/ASSETS**

Do you have an occupation outside of caring for your special needs child? \_\_\_\_\_ (Please elaborate further below)

How do you feel life is going for you?      Excellent      Good      Fair      Poor

Please explain:

Are you currently      Post Menopausal,      Menopausal,      Peri-Menopausal,      Pre-Menopausal?



Answer Yes (Y), No (N) or Sometimes(S) to the following:

Sleeping well? \_\_\_ Diet nutritionally sound? \_\_\_ Exercise regularly? \_\_\_ Meditate regularly? \_\_\_ Pray regularly? \_\_\_

Other practices (please explain) \_\_\_\_\_

Would you say that you are having enough fun in life? \_\_\_\_\_

Are you currently under a Doctor's care? Physician Psychiatrist Psychologist

Other: \_\_\_\_\_

Please list your current medications: \_\_\_\_\_

Do you take an anti-depressant? \_\_\_\_\_

Do you drink alcohol? Occasionally Often Heavily Very Rarely Don't Drink

Which recreational drugs have you experimented with?

Sleeping pills Barbiturates Amphetamines LSD Marijuana Cocaine

Heroin Demerol Valium Other: \_\_\_\_\_

For what length of time? \_\_\_\_\_

Are you currently taking any recreational drugs? \_\_\_\_, if yes what is it? \_\_\_\_\_

How often are you taking it? Occasionally Often Heavily Very Rarely

From the list below rate each according to its effectiveness in your life. For those that you have tried, how would you rate each on a scale from 1 to 10, (10 being 100% effective).

Meditation\_\_\_ Self-Help Classes\_\_\_ Psychiatry\_\_\_ Yoga\_\_\_ Tai-Chi\_\_\_ Rebirthing\_\_\_

Reiki\_\_\_ Hypnosis\_\_\_ Traditional Therapy\_\_\_ NLP\_\_\_ Support Group\_\_\_

Other: \_\_\_\_\_