



## EVOLUTIONARY HEALING INSTITUTE

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### TRAUMA HISTORY

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

What are the three most traumatic things you have experienced?

- 1- \_\_\_\_\_
- 2- \_\_\_\_\_
- 3- \_\_\_\_\_

### PRENATAL HISTORY

Was your pregnancy planned, were you a wanted child? \_\_\_\_\_

Were you premature; were you in an incubator for more than two days? \_\_\_\_\_

Was your birth difficult? \_\_\_\_\_

Was your mother in poor physical or emotional health, did she experience any losses or dramatic events during her pregnancy with you? \_\_\_\_\_

Did your parent(s) want a child of the opposite gender? \_\_\_\_\_

Were you adopted? \_\_\_\_\_

As an infant, were you separated from your mother at birth? \_\_\_\_\_

Did you have any medical problems or early hospitalization? \_\_\_\_\_

Were there other children in your family, Did you feel accepted by them? \_\_\_\_\_

Did your family have adequate food, shelter and other basic needs met? \_\_\_\_\_

Did you feel loved? \_\_\_\_\_

### PHYSICAL HISTORY

Have you had any hospitalizations, surgery or serious illness? \_\_\_\_\_

Have you had any long-term or difficult medical treatments? \_\_\_\_\_

Have you had any life-threatening conditions? \_\_\_\_\_

Have you had any accidents (burns, falls, broken bones, auto accident, etc.)? \_\_\_\_\_

Have you had any difficult experiences with doctors, nurses or hospitals, how did you respond to the situation? \_\_\_\_\_

Have you experienced chronic, unexplained physical ailments? What was going on in your life when symptoms were first apparent?

\_\_\_ Headaches \_\_\_\_\_

\_\_\_ Stomach aches \_\_\_\_\_

\_\_\_ Colitis \_\_\_\_\_

\_\_\_ Irritable bowel syndrome (IBS) \_\_\_\_\_

\_\_\_ Autoimmune disorder \_\_\_\_\_

\_\_\_ Joint pains \_\_\_\_\_

\_\_\_ Skin conditions \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

**FAMILY RELATIONSHIPS**

Were you separated from either parent or siblings for a length of time, where and with whom did you live with then? \_\_\_\_\_

Did any family members have alcohol or drug problems? \_\_\_\_\_

Did your parents fight-physically, verbally, did you hear or see these fights? \_\_\_\_\_

How were you punished or disciplined, were you hit, how often, how severely? \_\_\_\_\_

Did you experience any incest, molestation, ongoing difficulties with siblings? \_\_\_\_\_

Were your parents married, divorced, remarried? \_\_\_\_\_

Were there any other relationships coming into the home? \_\_\_\_\_

How many caregivers did you have while growing up? \_\_\_\_\_

How many places did you live while growing up? \_\_\_\_\_

**SCHOOL/WORK EXPERIENCES**

Did you feel teased, tormented, bullied or threatened? \_\_\_\_\_

Did you feel excluded, outcast or ostracized? \_\_\_\_\_

Did you experience prejudices? \_\_\_\_\_

**FRIGHTENING EVENTS**

Have you had any direct experience with human-caused assault, kidnapping, mugging, rape, arson etc.?

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Have you had any direct experience with nature-based fear, like tornado, earthquake, flood, fire etc.?

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Have you witnessed any frightening events? Explain what, and at what age?

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Do you have a close connection to someone who experienced a frightening event?

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Have you had a frightening spiritual or religious experience?

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**LOSSES**

Have you experienced any deaths of significant others, what circumstances?

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Have you experienced the loss of a treasured pet?

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Have you experienced the loss of a pregnancy, through what means?

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Have you experienced a serious break-up with good friends, boy/girlfriend, spouse or significant other?

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Have you experienced a loss of job, what circumstances?

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Have you experienced a loss of home, what circumstances?

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Other upsetting life events or experiences that you want to communicate.

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