

**New Client Questionnaire**

Please complete this form and email it to info@robertmasters.com

Full Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

What kind of work are you interested in?

\_\_\_Individual \_\_\_Couples \_\_\_Pro Training \_\_\_Men's group \_\_\_\_Women’s group

If you checked Men’s group, Women’s group, or Pro Training, what dates are you interested in attending? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What materials of Robert's have you completed reading/listening to?

1. Spiritual Bypassing \_\_\_\_\_\_\_

2. Transformation Through Intimacy\_\_\_\_\_\_\_

3. Emotional Intimacy\_\_\_\_\_\_\_

4. Knowing Your Shadow\_\_\_\_\_\_\_

5. To Be a Man\_\_\_\_\_\_\_

Email:

Phone:

Age:

Gender:

Geographic location:

Occupation:

Married, single, divorced:

Number of marriages/pregnancies/children:

Straight, gay, bisexual:

1. How did you hear about us?

2. What types of psychotherapy or counseling have you done previously, and for how long?

What were your primary reasons for seeking therapy, and what were the major issues addressed?

3. Are you on any medications? If so, what are they, and what are they for?

Have you been on prescription medications previously for psychological/emotional challenges?

Have you ever been hospitalized for psychological/emotional disorders?

Have you ever experienced a bad trip and if so, what happened?

Do you use tobacco, caffeine, drugs and/or alcohol? If so, how much and how often?

Have you ever had an addiction to substances, porn, sex, eating, etc? If so, how did you work with this and how long has it been since any active addiction?

4. What was your religious upbringing?

Current spiritual practice?

Are you affiliated with a particular group or religious organization?

5. What were the major challenges or issues in your family dynamics as a child? (Please write at least a half page about this.)

What have the major challenges and issues been for you as an adult?

6. Have you experienced any type of abuse? If so, please describe.

7. Have you ever been convicted of a crime? If yes, please describe.

8. Have you ever attempted suicide? If yes, please describe

9. Any military service? If yes, please describe

10. Are you currently in an intimate relationship?

If yes, for how long?

Is it committed?\_\_\_\_ Monogamous? \_\_\_\_\_ Any affairs? \_\_\_\_\_

If not currently in relationship, how long since your last one?

What have been the major challenges for you throughout your history of intimate relationships? (Please write at least a half page about this.)

11. If you are wanting to work on your current relationship, are both people committed to staying together long-term and going deeper?

What are the primary issues?

What are the main things you would like to address in your work with us? What are you hoping will happen as a result? (Please write at least a half page about this.)

If I am referred to work with an MCT faculty member, I agree to my application being shared with them so as to help facilitate such work. Enter initials to agree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please email your completed application to* *info@robertmasters.com*

*Thank you.*

* 8. If you are wanting to work on your current relationship
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