

Robert Augusto Masters PhD

Client Application

Please take your time to complete this, perhaps even in stages. You'll find the PDF in your downloads folder. Please save your work as you complete the form. You can email as an attachment or submit directly on the last page of the form.

Date

Name

First Name

Last Name

What kind of work are you interested in?

Men's Group

Women's Group

Professional Training

Couples

If you checked Groups or Pro Training, which dates are you interested in attending?

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

Spiritual Bypassing

Transformation Through Intimacy

Emotional Intimacy

Knowing Your Shadow

To Be a Man

Bringing Your Shadow Out of the Dark

Email

example@example.com

Phone Number

<div>Area Code</div>	<div>Phone Number</div>
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Age

Gender

Geographic location

Occupation

Relationship Status

- Married
- Single
- Divorced
- Separated

Number of marriages/pregnancies/children

Sexual Orientation

- Straight
- Gay
- Bisexual
- Other

How did you hear about Robert?

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?

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

Have you been on prescription medications 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 an

What was your religious upbringing?

Current spiritual practice?

Are you affiliated with a particular group or religious organization?

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

What have the major challenges been for you as an adult? (Please write at least a half page about this.)

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

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

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

Any significant accidents/injuries/illnesses? If yes, please describe.

Any military service? If yes, please describe.

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 past relationships, but rather the psychological/emotional challenges in the main ones.)

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

If I am referred for work to an MCT faculty member, I agree to my application being shared with them so as to help facilitate such work

I give my permission for the person (or persons) to whom I'm referred to discuss my work with Robert. Enter initials to agree

Please email your completed application to info@robertmasters.com or submit below.

Thank you!