

Elevated Life Intake Questionnaire

Please take time to reflect and think on each question as you complete this form. Some questions request that you obtain a related item, *please bring any related artifact(s) with you at the time of your intake session scheduled on _____, _____ 20__ @ _____ : _____ am/pm.* **Please fax** the completed form no later than **2-3 days prior to your scheduled appointment** to **(909) 854-5880** (the completed form is required prior in order for you to gain the most effective outcome). Elevated Life is committed to helping you through the process in reaching your goals and to ensure that your answers will be kept confidential. We look forward to working with you on this journey to elevating your life to the next level.

General Health Information

Date/Time started: _____

Date/Time completed: _____

In general, what is the quality of your health?

Outstanding

Good

Some chronic issues

Poor

Please describe any health concerns you have had in the past, are currently being treated by a physician or need to seek medical treatment.

When was your last physical exam? Date: _____

Have you ever been hospitalized? Date(s): _____,

The treatment of what Diagnosis?

List any medications you are currently taking. _____

How would you rate your overall quality sleep?

Outstanding

Good

Adequate

Needs improvement

Poor

Please describe any supplements or routines you use to assist in improving your quality of sleep.

How would you rate your overall diet or eating habits? How often do you eat a balanced meal to support overall health and physical wellbeing?

- poor/1x day good/2-3x day excellent/3 meals w/snacks daily

Please describe any changes in appetite, weight loss/gain or behavior related to eating.

Mind-Body-Spirit Balance

Do you use Holistic/Natural/Spiritual practices?

- Yes No

Please describe each type of practice, the purpose of the practice, the frequency in which you use it and rate the effectiveness of it (scale from 1 to 10 – least to most). (e.g. herbal supplements, acupuncture, yoga, meditation, prayer, etc.)

Do you experience any of these emotions/feelings that concern you? Rate the level of concern on the scale of frequency from never, rarely, sometimes, often, frequently, most of the time, always. Add any comments you would like to share below.

Fear: never always

Sad/unhappy: never always

Worry: never always

Anger: never always

Frustration: never always

Do you struggle with thinking before acting: talk out in class, interrupt others, say things before thinking? Add any comments you would like to share below.

- I can control it I struggle occasionally it is often a problem it is out of controls

How do you manage retaining information when doing complex tasks: forget directions, leave homework, hard to do mental math?

Rate the level of concern on scale of frequency from never, rarely, sometimes, often, frequently, most of the time, always. Add any comments you would like to share below.

- never always

How well do you control your emotions when it comes to working towards achieving a goal: “freeze on tests”, get frustrated after making a mistake, shut down/stop trying when faced with a difficult challenge?

Rate the level of concern on scale of frequency from never, rarely, sometimes, often, frequently, most of the time, always. Add any comments you would like to share below.

- never always

Do you fail to complete classwork or household chores on time or stop working before you finish?

Rate how much impact being bored, fatigued or the level of distractions has on your ability to maintain focus on a scale of never, rarely, sometimes, often, frequently, most of the time, always.

Circle any/all that impact your focus. Add any comments you would like to share below.

- Yes | No

never always

Do you procrastinate? In order to begin projects in an efficient/timely manner, do you need cues, or reminders or do you put off doing long-term assignments?

Rate yourself on how often you start tasks at the last minute on a scale of never, rarely, sometimes, often, frequently, most of the time, always. Add any comments you would like to share below.

Yes | No

never always

Do you get upset or feel stuck when your plans need to be revised or you are faced with setbacks, obstacles, mistakes or new information that cause changes in the situation?

Rate yourself on how flexible you are a scale of never, rarely, sometimes, often, frequently, most of the time, always. Add any comments you would like to share below.

Yes | No

never always

Are you able to self-monitor and self-evaluate the situation without bias or judgment; can you catch or correct mistakes? Rate yourself on a scale of never, rarely, sometimes, often, frequently, most of the time, always. Add any comments you would like to share below.

Yes | No

never always

Focus / Problem(s)

How would you like to use the mental coaching experience? What do you want to get out of these services?

What is keeping you from reaching your desired goal(s)?

How long has this interfered with your progress?

What/how is it being allowed to exist as an obstacle?

What are the feelings/emotions associated with the problem for which you are seeking help?

What are the thoughts or phrases/words that are repeated in your mind when you think about where you are in relationship to the problem you identified. *These could be encouraging or judging statements.*

Do you experience physical reactions associated with the problem or with what keeps you from reaching your desired goal/experience? *i.e. headaches, excessive sweating, muscle tension...how does your body responds to the situation, thoughts or feelings.*

What have you done to try and fix the problem? *i.e. list the actions you have taken to deal with it. Identify what has made it better or helped and what has made it worse.*

The Person/Identity

Questions with an asterisk* requires specific item(s) be identified and brought to treatment planning review meeting

As early as you can recall/remember, who did you admire and what is it about that person that drew you to them?

Be descriptive, this may have been a real person or a character in a movie, cartoon, book, play or T.V. show. You may have known them personally or have never met. What were their character traits?

*Picture or memento or keepsake of this person that you may have kept. You can also download something from the internet.

Name three (3) of your favorite Super Heroes. List at least three reasons why you choose them.

1st Super Hero is _____ 2nd Super Hero is _____ 3rd Super Hero is _____

What I admire is _____

_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have anything in common with any of the people/heroes you admire. If yes, circle them from above. If no write them down below.

Yes | No

Leisure Activities

What do you do in your free/leisure time?

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Read | <input type="checkbox"/> Socialize w/friends |
| <input type="checkbox"/> watch T.V. | <input type="checkbox"/> listen to music | <input type="checkbox"/> other _____ |

List the genera(s), artists/groups and styles or qualities that draws you to those types of activities/people.

What is your favorite book or movie? Briefly describe the story, who is it about, what happened to them (i.e. problem/conflict), how did the situation get resolved, who helped, who didn't, how did it get worse, how did it get better.

What is your favorite motto/life words of wisdom /saying? Who said it, how did you come to hear it, what does it mean to you?

“ _____ ”

How can you turn it into a tangible product (i.e. T-shirt, dish...something you can taste, touch, smell); make it come to life.

What are your three (3) earliest memories; think back to when you were between ages of 3-6 yrs. old? What would the Headline read if it were a news article?

*Select two photos, one when you were a toddler and one when you entered kindergarten/1st grade

1st Memory: _____

What was the main event?

Who was there? _____

What did you do?

What did anyone else do?

2nd Memory: _____

What was the main event?

Who was there? _____

What did you do?

What did anyone else do?

3rd Memory: _____

What was the main event?

Who was there? _____

What did you do?

What did anyone else do?

Values

If you only had one day to left to live, what skill, quality, strength or ability would you want to gain? Who would you spend it with, where would you go and what would you do?

