

Rhonda Robinson Coaching

Certified Beyond Consequences Coach
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Family Evaluation

Name: _____ Date: _____

Address: _____
(Street Address)

(City, State, Postal Code – Country)

Home Phone: _____ Cell phone: _____

Email: _____

Please list all Family Members and Ages Living in the household. List the parents/caretakers' occupations.

Primary Reason for Seeking Services:

**Have you explored past treatment options for your family? Yes or No
If not, why not? If yes, with what results?**

Are you willing to commit the next one year of your time to the healing of your family by following the things learned?

Treatment History:

Have you and/or your children ever received counseling? **Yes** or **No**

When?

Where?

How long?

Please list all medications for all family members:

Name

Dosage

Reason

Date started

Please describe your family's spiritual/religious orientation:

Family History

Parent #1 Name _____ **Describe family history** (address relationship with parents, past trauma, losses, and siblings. DO NOT BE BRIEF: content is important to helping you get the most out of your coaching services)

On a scale of 1 to 10 with 10 being the MOST stressful, how stressful was the home you grew up in?
Why? *(Once again, do not be brief: content is important to the selection process)*

Military History

Please list and describe any active service:

Family History

Parent #2 Name _____ **Describe family history** (address relationship with parents, past trauma, losses, and siblings. DO NOT BE BRIEF: content is important to helping you get the most out of your coaching services)

On a scale of 1 to 10 with 10 being the MOST stressful, how stressful was the home you grew up in?
Why? *(Once again, do not be brief: content is important to the selection process)*

Military History

Please list and describe any active service:

Information on Children (*One sheet per child is to be completed. If more sheets are needed, please complete all questions on a separate sheet for each additional child.*)

Child's Name: _____

Age: _____

1. Was pregnancy planned: Yes or No
2. Were there complications during pregnancy? Yes or No
If yes, please explain:

3. Complications at birth and delivery? Yes or No
If yes, please explain:

4. Is child adopted? Yes or No
Please explain: _____
If Yes, age when adopted? _____

5. What are the primary areas of concern?
Please explain:

6. Does this child have a traumatic history?
Please explain in detail.