

Who I Am

Name _____, but prefer to be called _____

Raised/Grew up in (city and State) _____

Adult lived in city _____

How many siblings _____ Birth order (eldest, youngest, etc.) _____

Have any children _____ How many (first names) _____

Work/Profession _____

Daily or nighttime routines _____

Bedtime routine/rituals (such as cup of tea before bed or a shower before bed) _____

Bathing routines/rituals (preferred showers over baths or preferred showers during the day) _____

Modest/shy (ex. uncomfortable changing in front of others) _____

Trauma history (experience any abuse, attacks, explosions, etc.) _____

Favorites:

Movies _____

TV shows _____

Foods _____

Snacks _____

Drinks _____

Hobby _____

Memory or experiences _____

Topics of conversation (i.e., travel, sports) _____

Music/songs _____

Interests _____

Animal/pets _____

Things that upset you _____

Something you don't enjoy is _____

What you do to relax _____

History of old ailments and injuries (old shoulder injury, broken ankle, shingles, constipation) _____
