INTAKE FORM

Name

Street + Number

Postal code + City

Phone number

Age

Occupation

Experience with Psychotherapy (which therapeutic approaches, previous diagnoses, reasons for seeking therapy at the time, and time period):

(Chronic) Illnesses:

Medications (Please also specify which condition the medication is or was taken for):

JARLA-FINELA WOLF
jarla@bridginghearts.de
https://bridginghearts.de/

Bridging Hearts
PAAR- UND SEXUALTHERAPIE

Family Tree: List about 5–8 people who are or were important in your life. These may include (grand)parents, children, or friends. If someone has passed away or contact has been lost, please note that too.

Family Motto: What would be a fitting motto for the family you grew up in? Examples: "Harmony is sacred to us – we'd rather sweep problems under the rug.", "In our family, everyone can be who they want to be.", "Person XY was in charge—and everyone had to obey."

How did you hear about my work? (Google search, Instagram, recommendation – from whom?, workshop/event – which?...)

JARLA-FINELA WOLF
jarla@bridginghearts.de
https://bridginghearts.de/