

Steele Recovery

Domestic Violence Counseling Registration/Questionnaire

This service is for women who have already left their abuser and trying to move on with their life but are still feeling the effects of trauma.

Client Information:

Name: _____

Address _____

City: _____ State: _____ Zip Code: _____ Age: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Marital Status: Married____ Single____ Divorced____ Separated____

Military: Y____ N____ Branch _____

Enlisted Year _____ Discharge Year _____ MOS _____ Veteran: Y____ N _____

Where did you hear about Steele Recovery?

Honesty is Key

Sometimes the effects of domestic violence and abuse can be long lasting and far after your relationship has ended. It damages the soul many years later, not even knowing they haven't recovery from the abuse.

Please consider each question as you answer these questions. As we partner in this journey, a list of questions is asked to reveal the problems and challenges you've experienced in order to assist in creating a solid plan for you. Honesty is key so pause as you ponder the question, then answer. We are as sick as our secrets and truthfulness is the antidote. There is no judgement or negative thought toward you with any of

the answers you give. You are safe here. Take a risk to discover your true self and into a life of that leaves you happy joyous and free.

INTAKE QUESTIONNAIRE

~What type of abuse have you experienced? Physical, Sexual, Verbal, Emotional, Psychological, Financial, Witness, Spiritual and Neglect abuse?

~What is the reason you're seeking Counseling now and what would you like to accomplish?

~How often have you experienced domestic violence in your life?

~Do you replay that incident (s) over in your head?

~What kind of fears do you experience now while in a relationship?

~Do you feel that you aren't good enough in your relationships?

~Do you often feel like everything is your fault?

~How do your children feel about your relationships?

~Do they trust you?

~Do you tend to go for the "Bad Boy"? If so, why?

~How many times have you gone back with the abuser?

~How is your sense of security? Do you feel safe?

~What is your level of trust?

~Do you find yourself staying away from all men or gravitating to the next?

~What are the similarities with your relationships?

~Do you have a pattern of breaking-up and making-up?

~If you leave a relationship, do you have to go into another one quickly, so you are not alone?

~Do you end up choosing the same type of man that is a familiar pattern for you?

~Do you find that you are hyper-vigilant?

~Was there domestic violence growing up in the home? If so, what kind?

~Was it against you, your siblings or your parent?

~How do you think that affected you in your life?

~How do you feel about your parents today? Are you close?

~If there was abuse from a parent, have you forgiven them? Have they asked for forgiveness?

~What are your thoughts on “forgiveness?”

~What has the abuse done to your children?

~What is there relationship with you like?

~What are the ways you need to control?

~Do you often feel coerced by men when entering into relationship or are you the one coercing?

~How are your boundaries?

~Have you felt like you have no voice or are afraid to use it?

~Do you have trouble saying “No”?

~Describe your self-esteem?

~Do you have feelings of shame? If so, why?

~Are you afraid to be alone?

~Do you fear making it on your own without a man to rely on?

~What behaviors do you identify as a problem for you?

~ Do you sometimes take pain pills as a way to cope and find relief?

~Do you now or in the past drink alcohol more than you should?

~Have you ever had a problem with alcohol or used drugs? If so, what did you do about it?

~Do you take prescription drugs for pain or mental health problems? If so, what is your diagnosis and Rx

~What major events have you experienced in the last 5 years?

~What personal behavior patterns have you noticed are a problem for you?

~What personal behavior patterns have you heard are a problem for others?

~Do you find yourself feeling guilty? About what?

~What are your current fears?

~Do you deny it when you're angry and call it "upset?"

~What makes you angry?

~How do you take it out on others or yourself?

~What does your anger look like?

~Is it hard for you to express your anger for fear of abuse?

~Do you isolate and withdraw from others or, are you aggressive and act out?

~Do you cut yourself or destruct in another way?

~Can do you identify any "triggers" of abuse that leads you to a personal negative reaction?

~Has your efficiency or performance at work or home life decreased?

~How much time from work do you lose due to obsessing on others or your relationship?

~How much time quality time at home do you lose when obsessing on your relationship?

~Do you try to be perfect?

~What happens when you don't do it perfect?

~Do you over spend on money you don't have?

~Who do you talk to about your problems? Do you currently have someone you trust?

~Are you uncomfortable asking others for help?

~Do you feel guilt or shame about anything past, present or even future?

~In what ways do you cope with your problems?

~Do you tend to text someone rather than speak on phone or face to face?

~Do you avoid and hide from people who love you?

~Are you open to attending support meetings as a tool on your journey?

~Do you know you need to take action about something but are paralyzed with fear?

~Do you suffer from fear of abandonment or rejection? If so, how?

~Are you afraid to let go? Why?

~Are you currently in a relationship now? What is it like?

~Do you believe in a Higher Power or God?

~Are you open to obtaining a spiritual (not religious) connection as a vital path to your healing process?

~Our service builds on Christian principles to form a Spiritual foundation. Are you open to it?

I'm willing to embark on this journey with Nadine Steele as my Counselor and work together in discovering root causes to the areas of my life that keep me stuck and keep me from my goals. I understand this is a confidential service and although this process may be difficult and uncomfortable at times, I know I am not required to do anything I don't want to do but, I will take the necessary steps with guidance to find healing spirituality and freedom.

Client Print: _____

Client Signature: _____

Date: _____

Counselor Signature: _____

Date: _____

Steele Recovery is owned and operated by Nadine Steele, CADC-II, NCAC-I NCRC-II, Aii10110315, 016754. She is nationally accredited and certified with the state of California as and Drug and Alcohol Counselor and Recovery Coach. Nadine has over 20 years of experience in the field of addiction and recovery specializing in women with addiction, codependency and women's issues. Steele Recovery is an alternative approach to conventional addiction treatment for women who seek an organic spiritual experience in a private and confidential setting for women.

Nadine goes at your own pace and with God as our guide, we wait for miracles to happen.

Welcome

~~~~~

**For Those Concerned About Anonymity**

***No Government agency or electronic filing will monitor your behavior, track your progress or have access to any of your information. We are a private service therefore; no reporting system of any kind shall be made to anyone. This is a confidential service***

~~~~~

*****Steele Recovery is NOT an accredited Treatment facility therefore, does not take Medical Insurance. Steele Recovery is Private Pay Only.***

~~~~~

***I UNDERSTAND THAT NADINE STEELE IS A MANDATED REPORTER AND ANY INFORMATION DISCLOSED IN SESSION SHALL BE SUBJECT TO REPORTING UNDER PENAL CODE 273D AND CHILD ABUSE LAWS IN THE STATE OF CALIFORNIA.***

12-13-18