

Breakthrough

Course Information Sheet

Please answer the following questions with as much detail as possible, so that we can better help you achieve your goals during your course weekend.

Name _____

Address _____

Phone _____ Email _____

Age _____ Gender _____

FAMILY BACKGROUND

Starting with the oldest to the youngest, list the first name of each family member. Put a star (*) next to all names that are step-family. In the description column, list 1-2 personality traits. If anyone is deceased, write the cause of death in the description box, then the year they died.

	Name	Age	Occupation	Description	Year Died
You					
Mother					
Father					
Step mother					
Step father					
First brother/sister					
Next brother/sister					
Next brother/sister					
Next brother/sister					
Spouse/partner					
Son/daughter					
Son/daughter					
Son/daughter					
Son/daughter					

Please add any relevant family information:

EARLY RECOLLECTIONS

Describe your two earliest memories. This should be a memory of a SPECIFIC EVENT that occurred when you were a child. The experience can be positive or negative, as far back as you can remember. Indicate your age and how you felt with each ER. For example: I remember the first time I held my brother after he was born. I felt ecstatic.

This is NOT an ER: I remember being criticized by my parents. (If you pick a specific incident that you recall, then it would be an ER, so remember to be specific.)

(1) Early recollection

Age:

Describe:

How did you feel?

(2) Early recollection

Age:

Describe:

How did you feel?

GOALS

What do you want to be different in your life when you complete this workshop? Think about how the results will impact you moving forward in your life over the next 3 months, 6 months, even a year or more. State the SPECIFIC RESULTS you'd like to create in the following areas:

Work:

Love:

Friendships:

Personally:

ADDITIONAL INFORMATION

Where do you work?

Describe your responsibilities at work?

What is your value to the company?

What is your marital status?

If you live with your spouse/partner, describe your relationship:

If you have children, describe your relationship with them:

Have you ever received (or are you now receiving) professional counseling? Yes / No
If yes, describe how you feel/felt about it, and the results (if applicable):

Have you ever been hospitalized in a psychiatric hospital? Yes / No
If yes, please describe the circumstances and the results:

If you are currently receiving medical treatment that will impact your course weekend, please describe:

If you are currently taking medication that will impact your course weekend, please describe:

Please list other personal development workshops/classes that you have attended (or teach):

If you know anyone who has graduated from Breakthrough or any of our sister centers, please let us know who they are:

LOGISTICS

We want to be sure that you take care of yourself all weekend. To that end, please help us help you.

_____ I have special medical needs (describe):

_____ I have special physical needs (describe):

_____ I have special dietary needs (describe):

Where will you be staying this weekend?

_____ Own home

_____ Home of friend/family - Contact info:

_____ Hotel/Air B&B - Contact info:

In case of emergency, contact:

Relationship:

Phone:

Email:

Is there anything else we should know about you that will enable us to help you achieve your goals for the weekend?