# 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:

1. Complications at birth and delivery? Yes or No

If yes, please explain:

1. Is child adopted? Yes or No If Yes, age when adopted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain:

1. What are the primary areas of concern?

Please explain:

1. Does this child have a traumatic history?

Please explain in detail.