

# *Steele Recovery*

## *Recovery Coaching/Counseling*

### Registration & Questionnaire

*This service is for women who have more than a year in recovery and are dealing with deeper issues related to Addiction, Alcoholism and/or Codependency.*

#### **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**

As we partner in this journey, a list of questions are 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**

**~In a few words, say the reason you're seeking coaching? Why now?**

**~Can you identify the immediate problem you would like to address in coaching?**

**~What are you hoping to achieve from coaching?**

**~Do you avoid feelings? Are you ashamed of them?**

**~Do you take on other people's problems on and neglect your own?**

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

**~Are you currently in recovery and if so, how long? Sobriety or Clean date?**

**~Do you have experience in 12 step or any other recovery program?**

**~Do you take prescription drugs for pain or mental health reasons?**

**~How do you cope with problems?**

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

**~What kind of issues and/or emotions have been coming up for you lately or since you've been in recovery?**

**~What behavior patterns have you noticed that concern you?**

**~Do you find yourself feeling guilty? If so, about what?**

**~What are your current fears?**

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

**~What makes you angry?**

**~In what ways do you hide your anger?**

**~Do you cut yourself or self-destruct in another ways?**

**~Is it hard for you to express your anger constructively and verbally? If so, how does it come out?**

**~Is there any addiction or alcoholism in your family? If so, who is and was addicted**

**~What do you obsess on?**

**~What's the hardest day of the week for you and why?**

**~What are the hardest times of the day for you and why?**

**~What's your thought process at those times?**

**~Do you isolate or withdraw from others or are aggressive and act out when old issues arise?**

**~Do you over analyze situations and others. Do you question others motives?**

**~Are you overly sensitive to criticism? If so, such as:**

**~Can do you identify any "triggers" that you feel bring up issues?**

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

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

**~Do you have migraines, stomach problems or other health problems?**

**~Are you a workaholic or an overachiever? If so, explain**

**~Do you find perfectionism playing a role in your life?**

**~Do you guide your life around another's life and sometimes feel unappreciated?**

**~Do you overspend on money you don't have?**

**~Is there abuse in your past that you have not dealt with thoroughly? If so, what are they?**

**~Do you hold a grudges or forgive too easy?**

**~Who do you talk to about your problems? How many people do you trust?**

**~ Do you normally blame others for the way you feel or do you take the responsibility for your own feelings?**

**~Have you recently had someone close to you die? If so, how have you been dealing with it?**

**~Do you feel any guilt from this death in any way big or small? If so, how so?**

**~Have you had grief counseling? If so, did it help?**

**~Is someone you love is addicted to alcohol or drugs? If so, how are you affected?**

**~If you do something for yourself does it make feel you selfish?**

**~Are you afraid to ask others for help?**

**~Do you feel as though you're "weak" if you ask for help?**

**~What I your greatest fear?**

**~Do you feel guilt or shame about anything past, present or even future? Would you like to talk about that?**

**~In what ways do you escape your problems?**

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

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

**~Do you run away to avoid pain?**

**~Do you have feelings of guilt when it comes to parenting your young or adult children past or present?**

**~Do you overly worry as a parent even if your children are grown?**

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

**~Do you try to be "the Hero", the clown, a placater or do you isolate?**

**~Was your father in the home growing up? If so, did he raise you? Where is he now?**

**~Were you raised by a single mother? If so, did you have a step-father?**

**~How was your relationship with your mother then and now?**

**~How was your relationship with your father then and now?**

**~Is your relationship with your father a source of pain for you today?**

**~Is there a correlation between your current relationship and your relationship with your father?**

**~When entering into a romantic relationship, what type of man do you find yourself attracted to?**

**~When in romantic relationships, what is the reason you break up?**

**~When afraid, do you: Fight, Flight or Freeze?**

**~In romantic relationships, would you say your communication is passive or aggressive?**

**~Are you able to communicate your needs?**

**~What is more important: Trust, Respect, Love or Security?**

**~Do you suffer from fear of abandonment or rejection?**

**~In what ways do you make sure you are not abandoned or rejected by others?**

**~Is it hard for you to let go?**

**~What kind of men are you attracted to? Why?**

**~What is your experience with men in relationships?**

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

**~If so, are you afraid these issues may break you up?**

**~ What is the one thing that scares you the most? Why?**

**~Do you believe in a Higher Power or God?**

**~Our service builds on Christian foundation and principles to form a Spiritual connection. Is that something you're open to?**

**~While seeking Counseling, what are you willing to do?**

**~What are you NOT willing to do?**

*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.*

*Since 1995, Nadine has been in the field of recovery specializing in women in addiction. Steele Recovery is an alternative approach to conventional treatment for women seeking an organic spiritual experience in a private and confidential setting.*

*Women who are unable or unwilling to attend residential or outpatient treatment may find this non-tradition approach to recovery a welcomed change and a difference we believe works. Nadine goes at your own pace and with God as our guide we wait for the miracle to happen.*

*Welcome!*

**I'm willing to embark on this journey of recovery with Nadine Steele as my Addiction Counselor and work together in discovering root causes. I will go at my pace while focusing on the process as I find healing, spirituality and freedom.**

**Client Print:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Counselor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

