

Stress Solutions of New York/ Apex Counseling

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Trauma History Form

Have you experienced any of the following?

Parental abuse to one another: verbal _____, physical _____

Parental abuse to self: verbal _____ physical _____

Parental abuse to siblings: verbal _____ physical _____

Sexual abuse: _____

Familial separations: mother & father _____ self _____

Deaths of loved ones: relationship & your age at time:

1) _____ 2) _____ 3) _____ 4) _____
5) _____ 6) _____ 7) _____ 8) _____

Family relocations & your age at time: _____, _____

School related problems: _____ Victim of bullying: _____ Berated by teachers: _____

Hospitalizations: _____ Surgeries: _____

Job related problems: _____

Interpersonal problems with spouse: _____ significant others: _____

Motor Vehicle Accidents: _____, _____, _____

Other Accidents: _____, _____, _____

Intrusive memories: _____ Flashbacks: _____ Avoidance Behaviors: _____

Sleep disturbance:

falling asleep _____, interrupted sleep _____, shortened sleep _____ excessive sleep _____