

# CONSTELLATION QUESTIONNAIRE

## Self-Preparation for the Session

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Referred by: \_\_\_\_\_ In case of Emergency: \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

This work touches beneath the level of our conscious inner images or the stories we tell ourselves. As such, what happened in our families\* is more important than what we tell ourselves about it. The events and experiences themselves, rather than our images or interpretations, are the bedrock of this work.

**\*Family of Origin:** Include parents, siblings, uncles, aunts, grandparents and – in cases where they met a dramatic fate – great-grandparents. Also include premarital partners of your parents and grandparents.

**\*Present Family:** Include partners and children from former relationships as well.

**To support our discovery and unfolding work together,  
please review the following questions before the session:**

**What happened in your family that was tragic or unusual?**

### **Did anyone:**

- ✧ Die during childbirth?
- ✧ Find her life at risk during childbirth?
- ✧ Suffer illness or disability resulting from having given birth to a child? (This includes your mother, grandmother, great-grandmother, and former partners of your father and grandfather.)
- ✧ Die at a young age?
- ✧ Did your partner or child die?
- ✧ Did your father, mother, or sibling die when you were young?
- ✧ Did a parent or sibling of either of your parents die when your parents were still young?
- ✧ Did anyone have a former spouse, fiancé, partner or lover?
- ✧ Did anyone have an abortion or a miscarriage?
- ✧ A still born child?
- ✧ An illegitimate child?
- ✧ A child who was abandoned or given up for adoption?

## CONSTELLATION QUESTIONNAIRE

### Has a former spouse, fiancé, partner or lover had:

- ✧ An abortion or miscarriage of your child?
- ✧ A stillborn child by you?
- ✧ An illegitimate child by you?
- ✧ A child by you who was abandoned or given up for adoption?

### Did anyone:

- ✧ Attempt or commit suicide?
- ✧ Have a serious or long-lasting illness?
- ✧ Have a physical or mental disability?
- ✧ Commit a crime or a war crime?
- ✧ Survive or die in the Holocaust?
- ✧ Die in action during military service?
- ✧ Become a missing person?
- ✧ Join the clergy or enter a monastery?
- ✧ Found themselves excluded, ignored, not respected, or otherwise not honored?
- ✧ Was anyone treated with contempt, cast out, or slandered?
- ✧ Not married, or so belittled or thought less of?
- ✧ Experience being taken advantage of?
- ✧ Emigrate to another country?
- ✧ Lose a fortune?
- ✧ Live an unusual life?
- ✧ Experience a difficult birth (e.g. caesarean)
- ✧ Suffer traumatic or life threatening events
- ✧ Experienced separation from mother (e.g. staying in the hospital)



### OTHER NOT LISTED

# Family Constellation Therapy

## Release Form

**Please read and sign below.**

I understand that this session may bring up issues of a highly personal nature that may cause me to experience some unexpected and/or difficult emotional and/or physical responses. Further, I understand that I may experience some emotional, physical or spiritual distress that may also cause unpleasant symptoms. I agree to assume the responsibility/risk for any such manifestations encountered on my part in this session or future sessions.

I do not currently suffer from any major mental or physical impairment, and have not been diagnosed in the past with any disorder, condition, or injury, either physical or mental, that would make it inadvisable for me to assume such risks.

I acknowledge that this session (or future sessions) is not designed as a substitute for therapy with a psychiatrist, psychotherapist or other mental health care professional or as a substitute for any other professional consultation. I understand that Family Constellation Therapy is designed as an educational experience only.

By signing this document below, I willingly agree to hold harmless and release from all liability the facilitator of this work Barry Krost and The Balancing Center. I consent to participate in a Family Constellation session.

Signature: \_\_\_\_\_

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