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## Healing and Recovery Case Evaluation Form

**Wish to receive services to help yourself heal and recover from the effects of a controlling group or relationship?  
Please complete this form to tell us about your needs.**

This form asks for a lot of information as it will help us with our initial consultation. However, please know that some clients prefer to give us the details orally. If you can give us as much detail as possible within 10 pages, please do so as it is considered part of the initial consultation. If you choose to type your responses, we ask that you use Times New Roman 12-point font. Attach additional sheets as needed. Fields marked with an asterisk \* are required, please. If you wish to give us more than 10 pages, there will likely be an additional time charge.

Thank you,

Steven Hassan

**TODAY'S DATE:\***

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### YOUR CONTACT INFORMATION

**1. Name**

**2. Your Email Address\***

**3. Preferred Phone Number\***

**4. Secondary Phone Number**

**5. Age**

**6. Sex**

**7. Mailing Address Line 1**

**8. Address Line 2**

**9. City**

**10. State/Province**

**11. Zip code**

**12. Country\***

**13. How did you hear about us? (Did you get a referral from a person or group? see a blog? Internet Search? Social Media? Please be specific.)\***

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**THE CULT, CONTROLLING GROUP OR INDIVIDUAL:**

- 14. Name of Controlling Individual or Group\***
  
- 15. Location of the Controlling Individual or Group**
  
- 16. Names of Group Founder(s)**
  
- 17. Current Leader(s)**
  
- 18. Are there links to websites or other social media by this controlling entity? List them, please:**
  
  
  
  
  
  
  
  
  
  
- 19. Are there lawsuits, blogs, books, articles, documentaries or websites critical to the group, please list here:**

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**ADDITIONAL INFORMATION ABOUT YOURSELF**

- 20. When were you recruited into the group or relationship?**
  
- 21. What were your previous hobbies, interests, and career goals?\***
  
- 22. What is your religious background?**
  
- 23. Please describe your health (physical, mental, emotional, social)**
  
- 24. List any therapists, support groups or other healing services you have used:**
  
  
  
  
  
  
  
  
  
  
- 25. List any helpful books, podcasts, websites, TV shows, movies, and documentaries:**

**26. What are the reasons you became involved with the controlling group/individual?:**

**27. Briefly describe the chronology of events within the high control group or relationship:** Include details such as names of significant cult members and leaders; length of time from initial contact to full commitment; jobs or roles in the group (as well as what location); what kind of communication have had with family and friends since joining. Please be as complete as possible. Attach separate sheet if needed.

**28. Please check the issues you are currently dealing with. Feel free to use more than one check if it is a major issue.**

- Identity Confusion
- Dissociative States
- Having Unwanted Triggers
- Anxiety
- Panic Attacks
- Anger

- Guilt and Shame
- Sexual Dysfunction
- Eating Disorders
- Sleep Disorders / Nightmares
- Depression
- Post-Traumatic Stress Disorder (PTSD)
- Psychosomatic Symptoms (headaches, asthma, skin problems...)
- Grieving Loss of Friends and Family
- Fear and Phobias
- Issues with Decision-Making and Dependency
- Distrust of Self and Others
- Feeling Spiritually Violated
- Harassment and Threats
- Other:

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## **FAMILY AND SOCIAL NETWORK**

**29. Are family and/ or friends still involved? Please tell us the names and relationship of those who are important to you.**

**30. Please list and describe immediate family members' names, age, sex, occupations and location. Attach separate sheet if needed.**

**31. Describe the family environment before you became involved in the controlling group or relationship.**

**32. Describe any other significant relationships. Include details about best friends; boy/girlfriends; and any other close relatives. Attach separate sheet if needed.**

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## **YOUR ACTIONS TAKEN AND GOALS**

**31. What actions have you already taken to obtain help?**

**32. What are your current goals?**

**33. Is there anything else we should know?**

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**If you have difficulty filling out this form, do the best you can. If you prefer to give the information orally, we can accommodate this. Please call our office at (617) 396-4638.**

**Return to the mailing address provided above, email to [admin@freedomofmind.com](mailto:admin@freedomofmind.com) or fax to (617) 628-8153.**

**We use Virtru for encrypted email, Signal for encrypted texting and calls, and Zoom for encrypted video and audio calls.**