



ADVANCED HEALTH SERVICES, LLC

Email: advancedhealth14@gmail.com
Website: www.OurAdvancedHealthServices.com
Phone: 561-596-7581 FAX: 561-355-5155



NAME: _____ DOB: ___/___/___ Date ___/___/___

REVIEW of PRESENT and PAST

Please, answer the following questions.

I care for... _____

I cared... _____

Cares for me... _____

Cared for me... _____

I trust... _____

I trusted... _____

Trusts me... _____

Trusted me... _____

I love... _____

I loved... _____

Loves me... _____

Loved me... _____

I betrayed... _____

I was betrayed... _____

I hate... _____

I hated... _____

I am/was hated... _____

I enjoy... _____

I enjoyed... _____

I believe... _____

I believed.... _____

I fear... _____

I feared... _____

I have faith in... _____

I had faith in... _____

I am saddened by... _____

I was sad about ... _____

I am angry about... _____

I was angry about... _____

Gaining... _____

Gained... _____

Losing... _____

Lost... _____

Loss of Relatives... _____

