



Cancer Support Participant Form

It is an honor to facilitate your participation in this cancer support session. Thank you so much for your trust.

Please find a quiet place and take a moment to fill this form out. It will help you to get the best out of your participation.

Put down the information that you feel comfortable to share in written form. Mark the ones that you prefer to address over the phone or in person.

1. What would you like to be different for you after your participation in this session is fully integrated?

Try to phrase the statement in a way that allows you to take more ownership of the situation. This usually leads to the session being more beneficial. For example, rather than saying, "I want my mother to treat me better," you might say "I want to create a better relationship with my mother".

If it is hard to come up with what you like to be different, try these:

"What do you don't have in your life right now that you want to have?"

"What hurt the most about your experience so far?"

2. When you have the outcome that you want, what will having that do for you?

3. Birth Order

How many older and younger siblings do you have? Please include step-brothers and step-sisters.

4. Children

If you have children, please list them with the order that they are born. Please include abortions and miscarriages (if any.)

5. Nationality

This is for me to research on the history of your country of origin. So I will be prepared if related issues come up during the session.

6. Your Family System

I will use what you provided to set up the session. The missing or unknown part of it will most likely unfold itself during the session. So, please don't get frantic trying to find it all out.

You would only need to state the facts, such as, my Grandfather was in WWII. You don't need to describe his entire experience or story.

Also, part of filling out the form is to help you to get more connected to your family. So, if there were questions that are emotionally disturbing, and cause you to be disconnected, please just leave them blank.

Your family system includes your family of origin (great grandparents, grandparents, parents, uncles, aunts, siblings and etc. anyone blood related – please indicate anyone who has been adopted into the family.) and your present family if applicable (spouse, former spouses, children and etc.) Please make sure you include both father and mother side of your family. When answering the questions, **please specify if it is on your father side (paternal) or mother side (maternal) or your spouse side (previous or current).**

Did anyone (then who?):

1. Die young or tragically?
2. Commit suicide or attempt suicide?
3. Have a stillborn child? Die or suffer a trauma in childbirth?
4. Lose a parent as a young child?
5. Suffer from major illness/disability/injury?
6. Have an especially difficult fate?
7. Have a former spouse? *(Include the one that is separated or divorced.)*
8. Have an illegitimate child?
9. Have an abortion(s)? *(For male, please include former girlfriend and partner.)*

10. Fight in, die in, or avoid a war?
11. Survive a tragedy? Survive a war? Survive Holocaust?
12. Kill anyone, rescue anyone, or get rescued by someone?
13. Commit a serious crime? Commit a crime during war?
14. Emigrate. From where to where?
15. Lose a fortune?
16. Lose a lover due to uncontrollable or misfortunate circumstance?

Was anyone?

17. Institutionalized or imprisoned?
18. Adopted in or out of the family?
19. Ignore, disowned or excluded from the family for any reason?
20. Homosexual?
21. Celibate or unmarried their entire life?
22. An alcoholic or addict?
23. Mentally ill?

If there is any other information you believe that would be helpful for me to know, please note it here (like family secrets that may or may not have come out):

7. Previous Constellations

If you had your own Family Constellation(s) done previously, please briefly state what it is for and what resolution it has reached (if any).

After Your Session

For some clients, they feel spacey or physical tired after having this type of session done. Please allow yourself to rest and do not schedule anything that is intensive after the session or the next day.

For some clients, they might feel a swing in emotions. This is normal since your system is shifting. If you experience extreme discomfort or unmanageable emotions, please contact me as soon as you can.

Confidentiality

Your information will be kept confidential. It will only be used for the purpose of your participation in the session you attend. It will not be shared with anyone under any circumstances.