

CCWP INTAKE QUESTIONNAIRE: PSYCHONEUROIMMUNOLOGY & CANCER

Janet Hranicky, M.D. Ph.D.

COMPREHENSIVE CANCER
WELLNESS PROGRAM

Name _____

Address _____

Phone _____

Email _____

MEDICAL HISTORY

Occupation and any significant work history

Date of Birth _____

Birthplace _____

Date of Original Diagnosis _____

Current Diagnosis _____

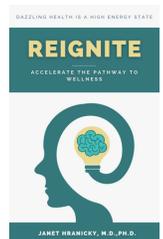
Reference any Previous Psychiatric or Physical Illnesses*

Date (If any) of Recurrence _____



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FAMILY BACKGROUND

Information or Family of Origin*

Cultural Background of Parents*

Constellation of Family System: (Marital Status of Parents and Birth Order of Siblings)*

Emotional Temperament of Father*

Emotional Temperament of Mother*

Briefly describe any relevant emotional issues with parents or siblings.*

Note early life decisions you made based on your relationships with parents.

Reference any deaths of parents or siblings: their ages, at time of death, and cause or nature of death

**INFORMATION ON SPOUSE OR _____
SIGNIFICANT PARTNER**

Spouse/Partner's Name _____

Length of Relationship _____

Any Relevant Information on Previously Significant Relationships

Reference any Psychiatric Diagnosis or Physical Illnesses

Occupation and any Significant Work History

Education and Training

Please note any previous or current financial stressors

Explain the Emotional Dynamics of your current relationship with your spouse/partner in a general paragraph below

Biggest Unresolved Conflict:

Spouse's Temperament

Describe patterns of how affection is expressed in your relationship

Nature of Sexual Relationship

Description of Spouse's major stresses in the last 6-18 months

Briefly discuss any relevant conflicts with important people in your life, that are listed below, and that have been stressful in the last 6-18 months

Relationships with Children

Relationships with Parents

Relationships with Close Friends

Relationships with Employees and or Colleagues

DESCRIBE YOUR LIFE SCRIPT

Early life decisions on what kind of person you would be and the kind of life you would lead

Decision on your life span. How long you will live and any relevant insights to quality of health.

Note any conscious decisions on age of death and how that would occur.

Briefly describe your biggest dreams

What are the things in life that bring you the greatest happiness?

Note any important beliefs surrounding spirituality, faith, and or religion.

How do you know when you are at your greatest? (What do you feel and how do you act?)

Explain your confidence or lack-of in your decision to get well:

What is your perception of your greatest obstacle to achieving optimal health and longevity?

What are you greatest personal strengths in achieving optimal health and longevity?

How do you recognize optimal health within yourself?

List 6 Stressors that Preceded Your Diagnosis by 6-18 Months

Beside each stress, list how you reacted emotionally to it. Beside each stress, list your beliefs about what the meaning of the situation was to you.

For Any Recurrence: List 6 Stresses preceding the recurrence by 6 months and your emotional reactions to each as well as any significant beliefs you associate to those stresses at the time

List 6 ways your life has changed as a result of your illness or diagnosis

List 6 Psychological Needs that have been met as a result of your illness or diagnosis

Some of these needs may have been met from your external world. How others treat you differently. Some of these needs may have been met by how you think differently and as a result treat yourself.

Describe Briefly Below in a Paragraph the Following: Where are you currently at around your decision to get well and achieve optimal longevity?

What needs to happen in yourself and in your life for you to achieve total confidence that your can get what you want?

List your top 6 values in life

List your top 6 most important lifestyle behaviors

List your top 6 most problematic recurring thoughts

List your top 6 most desirable and healthy thoughts

On a scale of 1-10 please rank how much time you spend each week approximately in the following emotional states, with 1 being the least frequent and 10 being the most frequent:

DANGER EMOTIONS

Emotional Pain	
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Anger	
--------------	--

Fear	
-------------	--

EMOTIONAL STATES OF WELL-BEING

Love	
-------------	--

Pleasure	
-----------------	--

Describe what is the most out of balance in your life, currently

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How would you best describe your Energy Field?

Strong, Powerful, and Flowing
Strong, Powerful, and Rigid Strong,
Powerful, and Unstable Weak,
Vulnerable, and Flowing Weak,
Vulnerable, and Rigid Weak,
Vulnerable, and Unstable

WHAT ARE YOUR STRONGEST COPING MECHANISMS? PLEASE RANK FROM THE MOST USED TO THE LEAST USED.

Denial	
Repression	
Disassociation	
Active Engagement and Fighting Spirit	
Strategic Problem Solving	
Confrontation with the Source of the Problem	
Isolation	
Social Support	

Define in the paragraph below what you need the most help with in developing a personal strategy to make the changes necessary to live a happy life.

Briefly write your decision down below about the changes your intend to make in your life that will define the Roadmap to optimal health and longevity



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