

# FEAR / PHOBIA INFORMATION FORM

PRIVATE AND CONFIDENTIAL

Date \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Age \_\_\_\_\_ Occupation \_\_\_\_\_

## Fear / Phobia History

Please describe briefly your fear or phobia:

\_\_\_\_\_

How long have you had this fear or phobia? \_\_\_\_\_

What was happening in your life in the 3 months preceding the onset of your first phobic reaction?

\_\_\_\_\_

List three reasons why you want to overcome this fear or phobia:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Have you tried to overcome your fear or phobia in the past? Yes / No

How did you try to overcome your fear or phobia?

\_\_\_\_\_

If applicable, why do you think you were not successful in overcoming your fear or phobia?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



What situations trigger your phobia?

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Are there any specific instances when your phobia is worse than others? If so please describe below:

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Do any of your family members suffer from a similar phobia? If yes please describe:

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Please describe any physical symptoms that your phobia produces:

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In what way will your life improve when you have overcome the phobia?

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