

**RELATIONAL TRAUMA/ COMPLEX PTSD RECORD FORM**

**Name:**

**Date:**

This form is intended as a record of what type of ongoing relational trauma led to your Complex PTSD for you, your physician, mental health professional and/or legal expert.

TYPE OF ONGOING RELATIONAL TRAUMA	WHEN EXPERIENCED? (AGE – FROM/TO)	BY WHOM?	TREATMENT RECEIVED?
<b>Emotional abuse</b> (e.g., neglect/ abandonment, narcissistic abuse, coercive control, harassment/bullying, indoctrination by religious organization/cult)			
<b>Physical abuse</b> (e.g., neglect, domestic violence, force feeding or denying food, sleep deprivation, using weapons or objects to hurt others, forcible restraint, administering drugs for non-medical reasons.)			
<b>Sexual abuse</b> from subtler forms (e.g., innuendo, verbal pressuring, touching), to more overt/obvious (e.g., ongoing incest, sexual assault/rape, drug-facilitated assault/rape, exploitation/trafficking)			