

# Emotional Boundaries List

## ***Patient Information:***

Name:

Date of Birth:

Contact Information:

Medical Record Number:

## **Introduction:**

Emotional boundaries are essential for overall well-being and healthy relationships. Please take some time to reflect on and define your emotional boundaries using the following template. This information will assist us in providing you with the best possible care and support.

### **Section 1: Identifying Emotions**

Please list the emotions or feelings that you frequently experience. Consider both positive and negative emotions.

- 1.
- 2.
- 3.

### **Section 2: Emotional Triggers**

Identify situations, behaviours, or events that trigger emotional responses in you. These triggers may include stressors or past experiences.

- 1.
- 2.
- 3.

### **Section 3: Communication**

Describe how you prefer to communicate your feelings and emotions to others. Include any challenges you face in expressing yourself.

### **Section 4: Emotional Needs**

List your emotional needs or desires in relationships. What makes you feel supported and understood emotionally?

- 1.
- 2.
- 3.

### **Section 5: Setting Boundaries**

Define specific emotional boundaries you wish to establish or reinforce in your relationships or daily life.

- 1.

2.

3.

**Section 6: Self-Care**

Share your self-care practices and activities that help you maintain emotional well-being.

**Section 7: Additional Notes**

Feel free to add any additional information or insights regarding your emotional boundaries that you believe would be helpful for your medical professionals to know.