Sanctuary for Healing and Integration, PLLC (SHIN)
Child & Adolescent and Adult Psychiatry
860 East 4500 South, Suite 302
Salt Lake City, UT 84107

PERSONAL TIME LINE

Patient's Name: _____ Date: _____

Beginning with your birth, please fill out the LEFT column with approximate dates, the MIDDLE column with your age, and the RIGHT with specific events of *particular significance* to you (e.g. trauma, death, promotion, marriage, etc.)

Approximate Date	Age	Significant Life Events
	0	Birth