

Psychotherapy & Associates

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Psychotherapist

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Referral Source _____ Date: _____

Name _____

Birth date _____ Last _____ Age _____ First _____ Sex _____ Middle/Maiden _____ Education _____

Home Address _____ City _____ Zip _____

Business Name & Address _____

Hm Phone _____ (message Y/N) Wk Phone _____ (message Y/N)

Cell Phone _____ (voice/ text message Y/N)

E-mail _____ (message Y/N)

Height _____ Weight _____ Place of Birth _____

Marital Status _____ If married, how long? _____ Number of previous marriages _____

Name of Spouse _____ Spouse's Employer _____ Phone _____

Religion as a child _____ Currently _____

PEOPLE CURRENTLY IN HOUSEHOLD INCLUDING YOURSELF

NAME	RELATIONSHIP TO CLIENT	AGE	GENDER	EDUCATIONAL LEVEL	
SELF					

(Continue on back if necessary) Any children not living in household? _____ Number of dependents _____

Family income (before taxes) _____

Where and with whom do the children sleep? _____

How much time do you spend on social media? _____ Gaming? _____ Phone? _____

CURRENT CONCERNS

Please describe the concerns, problems or issues that have motivated you to seek professional services at this time. Indicate which are most important or need most immediate attention: _____

CURRENT LIFE CIRCUMSTANCES

Who are the most important people in your everyday life? (Give first names and their relationship to you) _____

If you are married or involved in an intimate relationship, which of the following terms best describe your relationship? (Circle all that apply):

- | | | |
|---------------------|-------------|---------------|
| happy | unstable | tense |
| distant | supportive | disappointing |
| sexually satisfying | trusting | dependent |
| safe | balanced | affectionate |
| predictable | intolerable | secure |

Do you have any resentment in your relationship? _____

How long have you been in this relationship? _____

Would your partner be willing to participate in therapy with you? _____

Circle any of the following that are sources of conflict or concern in your relationship:

- | | | | |
|------------------|---------------|----------------------------|---------------|
| parenting style | work loads | parenting responsibilities | Legal issues |
| politics | religion | alcohol/drug abuse | Child Custody |
| communication | mutual caring | your problems | In Laws |
| finances | sexuality | partner's problems | Children |
| mutual interests | sharing | Computer | Porn |

Check any of the following that accurately describe you or your current life circumstances:

- | | | |
|--------------------|-----------------------|------------------------|
| overwhelmed | inadequate rest | financial difficulties |
| unhealthy eating | excessive alcohol | health problems |
| excessive caffeine | inadequate exercise | confused |
| problems at work | lonely | feeling empty |
| misunderstood | persecuted/abused | spiritual concerns |
| low self-esteem | hopeless | financial problems |
| excessive drug use | inadequate recreation | problems with temper |

How much time on the computer do you or your significant other spend for non work/school activities? _____

List and concerns about FB, Gaming, Phone or computer related problems: _____

How much alcohol do you consume per day? Type _____ Week? _____ Month? _____ Binge _____

PRESENT AND PAST HEALTH

Are you currently under a physician's care? _____ If yes, please give name(s) and city of practice: _____

When was your last physical? _____ Results/Concerns? _____

Please list any medications you are presently taking (dosage/amount and what the medication is for):

Are you currently seeing a counselor, psychologist, or psychiatrist? _____ If so, please give name(s) and Contact information _____

Have you previously been in counseling or psychotherapy? _____ If so, please provide details below (when, with whom, for what) _____

Is there any member of your family currently seeing a mental health professional? _____ If so, please specify which relative(s), the names of their therapists, and the nature of their problem(s): _____

Have you or any member of your family been hospitalized for psychological problems or attempted suicide? _____ If so, please provide details below (person, date(s), and circumstances): _____

Have you ever acted aggressively or violently toward another family member, or have you threatened to do so? _____ Has any other family member threatened you or been violent with you or any other family member? _____ If so, please describe in detail: _____

- Listed below are a variety of psychological, medical, and health problems.
1. Place a **check mark** next to any that you have ever experienced.
 2. Now go back over the items you checked and **circle the check marks** for any items that are **CURRENT** problems.

- | | | | |
|--------------------------|--------------------------|----------------------|--------------------|
| ___ back problems | ___ kidney problems | ___ asthma | ___ insomnia |
| ___ gastritis/ulcers | ___ drug abuse | ___ epilepsy | ___ depression |
| ___ alcoholism | ___ headaches | ___ arthritis | ___ hay fever |
| ___ panic attacks | ___ suicidal thoughts | ___ fainting spells | ___ blackouts |
| ___ hypertension | ___ urge to hurt someone | ___ cancer | ___ trembling |
| ___ poor balance | ___ eye problems | ___ hearing problems | ___ heart problems |
| ___ sexual dysfunctions | ___ numbness | ___ forgetfulness | ___ chronic pain |
| ___ dizziness | ___ exhaustion | ___ chronic anxiety | ___ nightmares |
| ___ skin problems | ___ diabetes | ___ AIDS/ARC | ___ hopelessness |
| ___ uncontrollable anger | ___ poor appetite | ___ overeating | ___ head injury |

LIFE HISTORY

Mother's Name: _____ Age: _____ City Resides _____

Educational Level _____ Occupation _____

Living? _____ If no, age died _____ Cause of death _____ Your age when died _____

Father's Name: _____ Age: _____ City Resides _____

Educational Level _____ Occupation _____

Living? _____ If no, age died _____ Cause of death _____ Your age when died _____

Parent's Marital Status: Married Separated Divorced Widowed

With whom did you live as a child? _____ Did the make-up of your family change while you were growing up? If so, how? _____

Where there other adults in your life that were influential to your life? _____

Did you or your family experience any of the following while you were growing up? (Circle all that apply)

- | | | |
|------------------------|----------------|------------------------------|
| financial problems | legal problems | marital conflict |
| alcohol/drug problem | divorce | separation |
| major illness/accident | immigration | Strong religious convictions |
| Death in family | frequent moves | |

Did you experience any of the following during your childhood or adolescence?

- | | | |
|-------------------|--------------------|--------------------------|
| Bullied or teased | Emotional problems | Behavior problems |
| Lonely | Severe punishment | School/Academic problems |

Listed below are terms describing how your parents may have related to you while you were growing up. Place an "M" for Mother, or "SM" for Stepmother, an "F" for Father, or "SF" for Stepfather next to the terms that best describe their behavior toward you as a child:

- | | | |
|--------------------|--------------------------|--------------------------|
| _____ warm | _____ patient | _____ angry |
| _____ demanding | _____ physically abusive | _____ understanding |
| _____ cruel | _____ gentle | _____ sexually intrusive |
| _____ uninterested | _____ worried | _____ encouraging |
| _____ depressed | _____ preoccupied | _____ cold |
| _____ trusting | _____ loving | _____ protective |
| _____ unhappy | _____ proud of you | _____ impatient |
| _____ inconsistent | _____ strict | |

List family of origin, beginning with the oldest, include yourself. (continue on back if necessary)

BROTHERS AND SISTERS	AGE	GENDER		TOWN OF RESIDENCE	EDUCATION

What is the primary concern or problem for which you are seeking help?

What makes it better? What makes it worse?

What do you expect from your therapy and our work together?

Is there anything that has recently happened or is about to happen that represents a major change in your life?

What else should your therapist should know about you or your current life circumstances?
