Blair Danz, M.A., LPC
Psychotherapist
418 Eureka Street
Weatherford, Texas 76086
817-832-2273

Finding Strength, Hope and Balance in Difficult Times

Hello,

My address is 418 Eureka Street. Eureka Street runs east and west between Santa Fe and South Main. Go South from courthouse until 800 block and turn Left on Eureka, 418 is on the right or the south side of the street.

Please park in the back of the building. Walk to the front of the building and you will see the lobby.

At your appointment time ring Blair Danz bell on wall in Lobby.

Bring completed forms with you to the session. Each person attending counseling will need to complete a separate form. Busiest

Thank you,
Blair Danz

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Adult Information Sheet

Referral Source_____

Name _____
Last First Middle/Maiden

Birth date _____ Age _____ Sex _____ 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_____Phone number#_____Spouse's Employer_____

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? _____

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

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?

_____

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

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)
_____

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?

_____

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		

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?

Is there anything else that you think your therapist should know about you or your current life circumstances?