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History Data

Name: _____ Date: _____

FAMILY

Father: _____ Living _____ Deceased _____

If living, his present age: _____

Occupation: _____ Health: _____

If deceased, your age at the time of his death: _____

Cause of death: _____

Mother: _____ Living _____ Deceased _____

If living, her present age: _____

Occupation: _____ Health: _____

If deceased, your age at the time of her death: _____

Cause of death: _____

Number of brothers _____ Ages _____

Number of sisters _____ Ages _____

Briefly describe your relationship with each of your brothers and sisters:

What was your father like?

What was his attitude towards you?

What was your mother like?

What was her attitude towards you?

Family History

Please feel free to use the back of the sheet to complete any question

In what ways were you punished as a child?

If you were not brought up by your parents, who was/were your caretaker(s)?

Did you have a step-parent?

Please describe:

Does any member of your family suffer from alcoholism or other addictions (gambling, pornography, shopping, etc.) or anything which can be described as an individual or family concern?

Please give details or describe:

Describe the atmosphere of the home in which you grew up. Please describe parents' compatibility with each other and with the children of the home.

What were your general impressions of what your home was like.

Work History

Present Occupation: _____

Past jobs held: _____

Are you satisfied with your present work? _____

If no, describe ways in which you are dissatisfied:

Ambitions?

What are your present interests, hobbies, weekly activities:

What is the last grade of schooling you completed?

In school: What were your strengths? Weaknesses?

What did you “love best” about school and what did you “hate the most?”

Give a word picture of yourself as you would be described by:

Yourself:

Your Partner:

Your Best Friend:

Someone Who Dislikes You:

Self Description:

I am _____

I feel _____

I think _____

I wish _____

Do you or anyone in your household have any chronic health conditions or disabilities?

If yes, please describe the chronic conditions:

Has your partner, family, or close friend ever indicated that you might have a problem with alcohol, drugs, pornography or other addictive patterns?

If yes, please describe:

Does someone close to you have a problem with addictive behavior?

If yes, please describe:

Do you use alcohol or drugs on a weekly basis?

If yes, please indicate what you use and how much on a daily or weekly basis:

Circle any of the following which apply to you:

Headaches	Dizziness	Fainting Spells
Bowel disturbances	Fatigue	No appetite
Palpitations	Stomach trouble	Insomnia
Nightmares	Take Sedatives	Alcoholism
Feel tense	Feel panicky	Tremors
Depressed	Suicidal ideas	Take drugs
Unable to relax	Sexual concerns	Shy with People
Don't take vacations	Overambitious	Can't make decisions
Can't make friends	Inferiority feelings	Home conditions bad
Can't keep a job	Memory problems	Unable to have a good time
Financial problems	Concentration difficulties	

List your fears as you know them today:

Circle any of the following that apply to you:

Worthless, useless, a “nobody”, life is empty, inadequate, stupid, incompetent, naïve, can't do anything right, guilty, evil, morally wrong, horrible thoughts, hostile, full of hate, anxious, agitated, cowardly, unassertive, panicky, aggressive, ugly, deformed, unattractive, repulsive, depressed, lonely, unloved, misunderstood, bored, restless, confused, unconfident, in conflict, full of regrets, worthwhile, sympathetic, intelligent, attractive, confident, considerate

Others?

Puberty/Menstrual History

Age at 1st Period _____

Informed or shocked? _____

Periods painful? _____

If yes, please describe:

Does a period affect your mood? _____

If yes, please describe:

How did you derive your first knowledge of sex?

When did you become aware of first sexual impulses?

What were your parent(s) attitudes toward sex?

Did you ever feel any anxieties or guilt feelings arising out of sex or masturbation?

If yes, please explain:

Is your present sex life satisfactory?

If not, please explain:

Provide information about any particular sexual problem you may feel you have:

State, in your own words, your reasons for seeking therapy:

When did the present problem start?

How would you describe the severity of the concern?

Mildly Upsetting	Moderately Severe	Very Severe	Extremely Severe	Totally Incapacitating
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Have you attended therapy/counseling before? _____ If yes, how many sessions? _____

Circle the type of therapy/counseling you received:

Clinical Psychotherapy *Pastoral Counseling* *Enrichment Weekend* *Other*

How satisfied were you with the therapy/counseling you received?

1	2	3	4	5
Not Satisfied		Somewhat Satisfied	Very Satisfied	

What else, if anything, have you tried to correct the problem?

In your estimation, how interested in counseling are you now?

Somewhat	Moderately	Very Interested
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What do you anticipate achieving/What is your goal?

Please give any other information that you feel is important in preparation for counseling: