

**Cathy T. Burns, M.A., LPC-S**

**Amarillo Family Institute**

4211 I40 West Suite 101, Amarillo TX 79106

Name: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE CIRCLE BELOW:

Rate your physical health: Excellent Good Average Fair Poor

Recently: Lost Wt. Gained Wt. How Much? \_\_\_\_\_ Ht. \_\_\_\_\_ Weight \_\_\_\_\_

Average hours of sleep per night \_\_\_\_\_ Trouble with: falling asleep \_\_\_\_\_ staying asleep \_\_\_\_\_

Do you drink: coffee (\_\_\_\_\_ cups per day) tea (\_\_\_\_\_ cups per day) Cola (\_\_\_\_\_ oz per day)  
alcohol (\_\_\_\_\_ type \_\_\_\_\_ quantity per day/week)

Describe use of non-prescription drugs including aspirin \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Currently taking prescription drugs? (List type and reason for use) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family physician \_\_\_\_\_ What type of regular exercise? \_\_\_\_\_  
Have you ever had a severe emotional upset? \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did this upset require medication or hospitalization? \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Is spirituality important to you? \_\_\_\_\_ not at all \_\_\_\_\_ important \_\_\_\_\_ very important  
If important, name of church/temple you attend: \_\_\_\_\_  
Name of counselor, and addresses and dates of any previous counseling: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you referred to us? \_\_\_\_\_ (If yes, by whom) \_\_\_\_\_  
May we have permission to thank them for this referral? Yes No  
What are the issues that brought you here? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAMILY HISTORY:

Raised by \_\_\_\_\_ blood parents? \_\_\_\_\_ Other (explain) \_\_\_\_\_  
Parents divorced? \_\_\_\_\_ If yes, how old were you at the time? \_\_\_\_\_  
If parents are deceased, how old were you when they died? \_\_\_\_\_ Father \_\_\_\_\_ Mother

If under 18, give the name of your parent or guardian \_\_\_\_\_  
School now attending \_\_\_\_\_

List brothers and sisters in birth order beginning with oldest (Include Yourself)

Name	Age	Sex	Marital Status	Residence Location
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Marriage Information . . . If NEVER married, omit this section. Otherwise, check all that apply:

\_\_\_\_\_ presently married                      Spouse's name \_\_\_\_\_  
\_\_\_\_\_ remarried (\_\_\_\_\_ times/dates: \_\_\_\_\_)                      Length of courtship \_\_\_\_\_  
\_\_\_\_\_ separated (\_\_\_\_\_ months/years)                      Date of marriage: \_\_\_\_\_  
\_\_\_\_\_ divorced (\_\_\_\_\_ months/years)                      Age when married-yours \_\_\_\_\_ spouse \_\_\_\_\_  
\_\_\_\_\_ widowed (\_\_\_\_\_ months/years)                      Spouse previously married? \_\_\_\_\_

How well do you and your spouse get along at the present time? Check One  
\_\_\_\_\_ Very well    \_\_\_\_\_ Well    \_\_\_\_\_ OK    \_\_\_\_\_ Not very well    \_\_\_\_\_ Poor

Last grade attended or degree completed \_\_\_\_\_ Annual Gross Family Income \_\_\_\_\_

List all of your children, whether they live with you or not, and any other persons presently living with you, such as your spouse's children, foster children, etc.

Name	Age	Sex	Live With?	Our	Mine	Spouse's	Other
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Does spouse have children from a previous marriage who live elsewhere? \_\_\_\_\_ if yes, with whom?

Do we have permission to leave messages on any phone? Yes No

If marital contact you or your spouse? \_\_\_\_\_

Email address: \_\_\_\_\_

APPOINTMENTS MUST BE CANCELLED AT LEAST 24 HOURS IN ADVANCE IN ORDER TO AVOID FULL CHARGES. I AM AWARE THAT ALL CHARGES ARE DUE AND PAYABLE AT THE END OF EACH SESSION AND BY MY SIGNATURE BELOW I UNDERSTAND THE APPOINTMENT CANCELLATION AND PAYMENT POLICY.

Signed: \_\_\_\_\_ Reviewed by: \_\_\_\_\_