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ADULT BACKGROUND

Name

Date of Birth

Street Address

City, State, Zip

Home/Cell Phone

Work Phone

Employer

Occupation

Emergency contact Name

Phone

Email address

Who referred you to Dr. Valdez?

Are you currently seeing another counselor? If so, whom?

YOUR CURRENT CONCERNS *(if not sure see list below):*

Describe briefly what led up to your calling a counselor and what you hope to get from counseling:

Indicate severity of up to 10 items (1-mild; 2-moderate; 3-severe) Circle the item that you see as the most significant issue

- Adjustment to life changes (changing schools, parent's divorcing, moving, getting married or divorced, aging, etc.)
- Career Dissatisfaction or decisions
- Abuse (physical, emotional, sexual)
- Disturbing memories (past abuse, neglect or other traumatic experience)
- Drug or alcohol use (both legal and illegal drugs)
- Eating problem (purging, bingeing, overeating, hoarding, severely restricting diet)
- Feeling anxious (nervous, clingy, fearful, worried, panicky, obsessive-compulsive, lacking trust, etc.)
- Feeling angry or irritable
- Feeling guilty or shameful
- Feeling sadness or depression or suicidal urges related to grief
- Feeling sadness or depression or suicidal urges NOT related to grief
- Health concerns (physical complaints and/or medical problems)
- Illegal behaviors (repeated run-ins with the law, etc.)
- Learning/Academic difficulties
- Personal Growth (no specific problem)
- Significant other/spouse relationship
- Parent-Child relationship (discipline, adoption, single parent, etc.)
- Family or Step-family relationship
- Non-family relationship (roommates, friends, co-worker, boss, teacher, etc.)
- Religious or Spiritual concerns
- Sexual functioning concerns
- Sexual identity concern
- Sleep problem (nightmares, sleeping too much or too little, etc.)
- Speech problem (not talking, stuttering, etc.)
- Unusual experiences (loss of periods of time, sensing unreal things, etc.)
- Unusual behavior (bizarre actions, speech, compulsive behavior, tics, motor behavior problems, etc.)
- Other (explain _____)

***Please circle the most significant issue.**

When did you first become concerned about this/these issues?

How have you attempted before now to deal with this issue?

Describe what things you have already done to deal with your concerns:

Describe the first, perhaps very small, signs that tell you things are improving:

PHYSICAL HEALTH:

Current weight:_____Weight 6 months ago:_____Ideal weight:_____

Hours of sleep per night the past 2 weeks: _____ Past 6 months: _____

Kinds of exercise and number of times per week:

Date of last physical and name of doctor/clinic:

Medications you are now taking (list daily dosage and frequency):

Do you have a thyroid condition? Yes / No

Are you currently having suicidal thoughts or urges? Yes / No

Have you ever attempted suicide? Yes / No

PLAY: What do you do for fun? How many times per week?

List when you took your last vacation, with whom, what you did:

List when you'll take your next vacation, with whom, what you will do:

RELIGION: What kind of religious background, if any, were you raised in?

What kind of religion, if any, do you practice now?

MILITARY: List military experience, if any: branch of service, highest rank, years, discharge status

LEGAL: List dates and reasons for any arrests/criminal charges, including DWI:

List dates and nature of convictions:

List dates and places you did time in jail, prison, juvenile detention:

Describe any current legal concerns, including criminal, civil, custody, bankruptcy, etc.:

WORK: List educational degrees completed (year, institution, type of degree):

List trade or professional licenses/certifications:

What is your current job and how long have you been there? Describe briefly what you do.

FRIENDS: List the first name of one or two of your closes friends, how you came to know them, how long you have been friends, when you last talked with them.

ALCOHOL AND OTHER DRUGS List most recent use of each and how much:

Alcohol: _____

Marijuana: _____

Other drugs (specify): _____

If you have been through chemical dependency treatment, please list when and where:

Please list any 12-Step or support groups you attend per week:

LIVING SITUATION: Describe where you live, how long you've lived there, what the neighborhood is like:

List name, relationship to you, and age of the other people you live with:

List serious changes in health among members of your household or major ongoing health concerns:

List names of persons who have joined or left your household in the past 2 years (include birth, death, and adoption):

COMMITTED RELATIONSHIPS (if applicable): Where and when did you meet?

Describe your parents' and siblings' reaction to your partner and your relationship to him/her:

Describe 2 strengths and 2 weaknesses in this relationship

