

Dottie J. Miller, LCSW, LMFT, LPC  
7711 Louis Pasteur, Ste. 300  
San Antonio, Texas 78229  
614-1100

1. NAME \_\_\_\_\_
2. ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
ZIPCODE \_\_\_\_\_
3. HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_
4. DATE OF BIRTH \_\_\_\_\_
5. MARITAL STATUS \_\_\_\_\_ MARRIAGE DATE \_\_\_\_\_  
TOTAL NO. OF  
MARRIAGES \_\_\_\_\_ DIVORCE DATE \_\_\_\_\_  
WIDOWED DATE \_\_\_\_\_
6. IN CASE OF EMERGENCY CONTACT:  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ OR  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_
7. MY PHYSICIAN IS  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_
8. I WAS REFERRED HERE BY \_\_\_\_\_
9. MY HIGHEST LEVEL OF EDUCATION WAS: THROUGH GRADE \_\_\_\_\_  
HIGH SCHOOL \_\_\_\_\_ SOME COLLEGE \_\_\_\_\_ UNDERGRADUATE  
DEGREE \_\_\_\_\_ SOME GRADUATE SCHOOL \_\_\_\_\_ GRADUATE  
DEGREE \_\_\_\_\_

10. CHILDREN (PLEASE PUT CHECK BY NAMES OF THOSE LIVING WITH YOU)

NAME                      BIRTHDATE                      AGE

11. MY EMPLOYER \_\_\_\_\_  
MY POSITION \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
SPOUSE'S EMPLOYER \_\_\_\_\_  
POSITION \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
MY CAREER PERFORMANCE IS/WAS (CIRCLE ONE)  
EXCELLENT, VERY GOOD, AVERAGE, POOR, VERY POOR

12. MY GROSS ANNUAL INCOME IS \$ \_\_\_\_\_

13. I (CIRCLE ONE) HAVE HAD/ HAVE NOT HAD PREVIOUS COUNSELING AT \_\_\_\_\_  
HOW LONG? \_\_\_\_\_  
WHEN \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

14. PHYSICAL HEALTH:  
EXCELLENT \_\_\_\_\_ OR DIAGNOSED ILLNESS \_\_\_\_\_

SYMPTOMS \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ MEDICATIONS USED REGULARLY \_\_\_\_\_

15. FAMILY TREE: BROTHERS AGES    SISTERS AGES  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE PUT CHECKMARKS BY THOSE LIVING  
PLEASE PUT "X" BY THOSE WHO DRANK REGULARLY

MOTHER'S FIRST NAME AND AGE \_\_\_\_\_

CITY WHERE LIVING \_\_\_\_\_

OR DECEASED WHEN? \_\_\_\_\_

DRANK REGULARLY YES \_\_\_ NO \_\_\_

FATHER'S FIRST NAME AND AGE \_\_\_\_\_

CITY WHERE LIVING \_\_\_\_\_

OR DECEASED WHEN? \_\_\_\_\_

DRANK REGULARLY YES \_\_\_ NO \_\_\_

SPOUSE'S MOTHER'S NAME AND AGE \_\_\_\_\_

CITY WHERE LIVING \_\_\_\_\_

OR DECEASED WHEN? \_\_\_\_\_

DRANK REGULARLY YES \_\_\_ NO \_\_\_

SPOUSE'S FATHER'S NAME AND AGE \_\_\_\_\_

CITY WHERE LIVING \_\_\_\_\_

OR DECEASED WHEN? \_\_\_\_\_

DRANK REGULARLY YES \_\_\_ NO \_\_\_

16. A BRIEF DESCRIPTION OF THE PROBLEM \_\_\_\_\_

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HOW LONG HAS THE PROBLEM EXISTED? \_\_\_\_\_

WHAT HAVE YOU TRIED TO DO TO SOLVE THE PROBLEM?

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17. CIRCLE THE FOLLOWING THAT APPLY TO YOU:

- FINANCIAL PROBLEM OVER-SPEND OVER-EAT GAMBLE
- SEXUAL CONCERN LYING ANOREXIC BULEMIC
- SMOKE CIGARETTES SMOKE MARIJUANA REGULARLY
- USE DRUGS REGULARLY USE ALCOHOL REGULARLY
- BINGE DRINK

18. ANSWER TRUE OR FALSE (CIRCLE T OR F)

HAVING TWO BEERS A DAY IS OK I HAVE A MIXED DRINK, WINE, OR BEER TO RELAX	T F	MY SPOUSE VERBALLY ABUSES ME	T F
	T F	SOMETIMES I FEEL SUICIDAL	T F
I MAY GET DRUNK IF I DRINK	T F		
I HAVE BEEN ARRESTED FOR D.W.I.	T F	SOMETIMES I FEEL HOMICIDAL	T F
I HAVE BEEN ARRESTED	T F	SOMETIMES I FEEL THAT I MIGHT GO CRAZY	T F
I HAVE A CRIMINAL RECORD	T F		
I FEEL WITHDRAWN	T F	I KNOW HOW I WOULD KILL MYSELF	T F
I FEEL DEPRESSED	T F	I HAVE BEEN HOSPITALIZED FOR EMOTIONAL PROBLEMS	T F
I FEEL APPRECIATED BY MY SPOUSE	T F	I HAVE TROUBLE SLEEPING	T F
I FEEL I AM A GOOD PARENT	T F	I HAVE GAINED WEIGHT	T F
I FEEL I HAVE AN EXPLOSIVE TEMPER	T F	I HAVE LOST WEIGHT	T F
I FEEL I HAVE GOOD FRIENDS	T F	MY MOODS SWING FROM VERY HIGH TO VERY LOW	T F
MY RELATIONSHIP WITH MY MOTHER WAS GOOD	T F	MY RELIGION IS A SOURCE OF SUPPORT	T F
MY RELATIONSHIP WITH MY FATHER WAS GOOD	T F	SOMEONE VERY CLOSE TO ME HAS DIED	T F
I WAS PHYSICALLY ABUSED AS A CHILD	T F	I AM RECENTLY DIVORCED	T F
I WAS SEXUALLY ABUSED AS A CHILD	T F	I AM RECENTLY SEPARATED	T F
		I AM RECENTLY WIDOWED	T F
I WAS EMOTIONALLY ABUSED AS A CHILD	T F	I HAVE RECENTLY MOVED	T F
I AM A BATTERED SPOUSE	T F	I HAVE RECENTLY BEEN FIRED	T F
I HAVE RECENTLY BEGUN A NEW CAREER	T F	I HAVE HAD LEGAL PROBLEMS	T F

I HAVE RECENTLY RETIRED	T F	I HAVE BEEN IN JAIL	T F
I HAVE RECENTLY HAD A BABY	T F	I HAVE ATTEMPTED SUICIDE	T F
I HAVE RECENTLY HAD A CHILD LEAVE HOME	T F	I HAVE LOST A FAMILY MEMBER THROUGH SUICIDE	TF
I HAVE RECENTLY STARTED SCHOOL	T F	I HAVE BEEN A VICTIM OF A CRIME	TF
I HAVE RECENTLY MARRIED	T F	I HAVE LOST CUSTODY OF MY CHILD (CHILDREN)	T F
I HAVE RECENTLY REMARRIED	T F	I HAVE ATTENDED ALCOHOLICS ANONYMOUS	T F
I HAVE RECENTLY ADOPTED	T F	A FAMILY MEMBER IS AN ALCOHOLIC	T F
I HAVE BEEN SEXUALLY ASSAULTED	T F	SOMETIMES MY MOTHER DRINKS TOO MUCH	T F
I HAVE A LOSS OF INTEREST IN OR ENJOYMENT OF SEX	T F	SOMETIMES MY FATHER DRINKS TOO MUCH	T F
I AM SATISFIED WITH MY SEX LIFE	T F	MY SPOUSE CLAIMS THAT I DRINK TOO MUCH	T F
SOMETIMES I FEEL LIKE I HAVE SEX TOO OFTEN	T F	I SOMETIMES HEAR VOICES IN MY HEAD	T F
SOMETIMES I FEEL BAD AFTER CASUAL SEXUAL RELATIONSHIPS	T F	I SOMETIMES SEE THINGS OTHERS DON'T SEE	T F
I HAVE BEEN VERBALLY AGGRESSIVE	T F	MY PARTNER DOESN'T UNDERSTAND ME	T F
I HAVE BEEN PHYSICALLY AGGRESSIVE	T F	I SHOULDN'T HAVE GOTTEN MARRIED	T F
I HAVE BEEN PHYSICALLY ASSAULTED	T F	I HATE THE WORK THAT I DO	T F
I HAVE WITNESSED A CRIME	T F	I FEEL ANXIOUS	T F
I FEEL RESTLESS AND UNABLE TO RELAX	T F	I HAVE FREQUENT CONFLICT WITH MY CHILDREN, PARENTS, OTHERS	T F
I HAVE HAD A LOSS OF INTEREST IN THINGS THAT BRING PLEASURE	T F		
I HAVE FREQUENT CONFLICT WITH MY SPOUSE	T F		

I CANNOT FORGIVE MYSELF FOR SOMETHING I HAVE DONE	T F	I HAVE DIFFICULTY CONCENTRATING AND AM OFTEN FORGETFUL	T F
I JUST CAN'T SEEM TO GET LIFE TOGETHER	T F	I CAN'T SEEM TO GET OVER A LOSS I HAVE SUFFERED	T F
MY SPOUSE AND I HAVE DIFFICULTY COMMUNICATING	T F	I AM NOT AS PRODUCTIVE IN MY WORK AS I SHOULD BE	T F
SOMETIMES I FEEL SO AFRAID THAT I CAN'T LEAVE MY HOME	T F	MY HEALTH HAS GOTTEN WORSE RECENTLY	T F
MY TIME IS STRUCTURED	T F		
I TRUST PEOPLE	T F		
PEOPLE LIKE ME	T F		
I HAVE A GOOD SENSE OF HUMOR	T F		
PEOPLE DON'T CHANGE	T F		
I HAVE TROUBLE MAKING DECISIONS	T F		
I HAVE CRYING SPELLS	T F		
I AM TIRED MOST OF THE TIME	T F		
I GOT GOOD GRADES IN SCHOOL	T F		
I WAS A POOR STUDENT	T F		
I WAS IN SPECIAL EDUCATION	T F		
THINGS USUALLY TURN OUT OK FOR ME	T F		