

Debbie L. Grammas, Ph.D. Licensed Psychologist (TX 34464) 713-304-6554

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Is it O.K. to leave a message? If so what number? \_\_\_\_\_ Home \_\_\_\_\_ Cell

E mail address \_\_\_\_\_

May I contact you via e mail? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you like to receive monthly newsletters regarding various issues in life  
(ex. Holiday blues, how to get the love you want, stress management, etc.)

\_\_\_\_\_ Yes \_\_\_\_\_ No

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

What is your racial/ethnic/cultural identification? \_\_\_\_\_

How much schooling have you completed? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

What is your relationship situation? \_\_\_\_\_

(Single, living with partner, married, separated, divorced, widowed)

Number of marriages \_\_\_\_\_

Who lives in your home?

Name	Age	Relationship
_____		
_____		
_____		
_____		
_____		

Please list any first-degree relatives who do not live with you (parents, children, siblings)

Name	Age	Relationship
_____		
_____		
_____		
_____		
_____		

Is there a history of mental health concerns or substance abuse in your family? If yes, please describe:

Who should I contact in case of emergency? \_\_\_\_\_

What is this person's relationship to you? \_\_\_\_\_

Emergency telephone: \_\_\_\_\_

How were you referred to this practice? \_\_\_\_\_

May I contact the referral source to thank them? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently under the care of a physician? \_\_\_\_\_

Who is your physician? \_\_\_\_\_

When was the last time that you had a medical check-up? \_\_\_\_\_

Please list any medical conditions:

What medications do you take (including prescriptions, over-the-counter medications, vitamins, and herbal remedies)?

Have you ever sought treatment for emotional or psychological concerns before? \_\_\_\_\_

If yes, please describe with whom you worked and when:

Have you ever spent time in a hospital for emotional concerns? \_\_\_\_\_

If yes, please describe:

Have you ever seriously considered suicide? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Is suicide a concern for you at present? \_\_\_\_\_

Have you ever been abused physically, emotionally, or sexually? If so, please describe the type of abuse, who abused you and when it occurred.

Have you ever felt you ought to cut down on your drinking? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have people annoyed you by criticizing your drinking? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever felt bad or guilty about your drinking? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever had a drink first thing in the morning?  
to steady your nerves/get rid of a hangover? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you ever feel bad about your use of drugs?

Has drug abuse ever created problems for you in your family? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been ticketed while driving under the influence? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there anything else that is important for me, as your therapist, to know about?

In your own words, please briefly describe the concerns that bring you here:

What do you hope will change in your life as a result of counseling? In other words, what are your goals for treatment?