BRIAN VASQUEZ, Ph.D.
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Counseling Concerns

NOW	PAST	DISTRESSING SYMPTOMS
❑	❑	Stress
❑	❑	Anxiety/nervousness
❑	❑	Panic attacks
❑	❑	Perfectionism
❑	❑	Fearfulness/paranoia
❑	❑	Obsessive thoughts
❑	❑	Compulsions/rituals
❑	❑	Depression
❑	❑	Difficulty concentrating
❑	❑	Motivation problems
❑	❑	Difficulty falling and/or staying asleep
❑	❑	Loss of appetite
❑	❑	Excessive crying
❑	❑	Irritability
❑	❑	Anger/hostility
❑	❑	Mania (overly energized with unusual thoughts or behaviors)
❑	❑	Suicidal feelings/thoughts
		ROMANTIC RELATIONSHIP CONCERNS
❑	❑	Dating concerns
❑	❑	Pre-marital/Marital issues
❑	❑	Concerns about sex
❑	❑	Conflict with partner/spouse
❑	❑	Break-up/end of romantic relationship
		SOCIAL RELATIONSHIP CONCERNS
❑	❑	Difficulty making friends
❑	❑	Loneliness
❑	❑	Shyness/feeling ill at ease with people
❑	❑	Conflict with friend(s)
❑	❑	End of important friendship
❑	❑	Death of a friend
		GENDER/SEXUAL ORIENTATION CONCERNS
❑	❑	Gender identity or gender issues
❑	❑	Lesbian/gay/bisexual issues or orientation questions
❑	❑	Transgender issues
❑	❑	Sexual orientation or gender identity discrimination
		FAMILY CONCERNS
❑	❑	Developing independence from family/Homesickness
❑	❑	Worries about family
❑	❑	Adult child of alcoholic/addict or other dysfunctional family
❑	❑	Conflict with family member(s)
❑	❑	Death or diagnosis of a fatal illness of a family member

NOW	PAST	BODY IMAGE AND FOOD USE
❑	❑	Binge eating
❑	❑	Purging (vomiting)
❑	❑	Laxative use/abuse
❑	❑	Diet pill use/abuse
❑	❑	Restricting food intake or avoiding food/fasting
❑	❑	Overeating
❑	❑	Dieting
❑	❑	Being overweight or underweight
❑	❑	Excessive exercise
❑	❑	Body image issues
		CONCERNS INVOLVING VIOLENCE
❑	❑	Unwanted Sex
❑	❑	Being stalked
❑	❑	Intimate relationship violence
❑	❑	Other worries for your safety
❑	❑	Problems with anger control
❑	❑	Participant in a violent incident
❑	❑	Perpetrator of abuse (physical/sexual/psychological)
❑	❑	Observer of a violent incident
❑	❑	Abuse survivor
		ADDICTION/DEPENDENCE CONCERNS
❑	❑	Alcohol addiction /dependence/overuse/abuse
❑	❑	Drug addiction/dependence/overuse/abuse
❑	❑	Prescription drug addiction/dependence/overuse/abuse
❑	❑	Smoking/tobacco use
❑	❑	Gambling
❑	❑	Excessive Internet use
❑	❑	Sexual addiction
		OTHER LIFE CONCERNS
❑	❑	Assertiveness
❑	❑	Self-esteem/self-confidence
❑	❑	Financial problems
❑	❑	Ethnic/racial discrimination
❑	❑	Gender discrimination
❑	❑	Religious/spiritual concerns
❑	❑	Confusion about beliefs/values
		HEALTH AND WELLNESS ISSUES
❑	❑	Physical health problems
❑	❑	Unwanted or problem pregnancy
❑	❑	Abortion
❑	❑	HIV or AIDS
❑	❑	Other sexually transmitted diseases (STD)

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ALCOHOL AND OTHER DRUG USE

Please tell us about your use of alcohol and other substances:	Never	Seldom	Once a Month	2-3 times a month	Weekly	Daily
I drink 4 or more drinks in a 24-hr. period.	❑	❑	❑	❑	❑	❑
I have missed class/work due to drinking.	❑	❑	❑	❑	❑	❑
After drinking, I have forgotten where I was or what I did.	❑	❑	❑	❑	❑	❑
I use other recreational drugs.*	❑	❑	❑	❑	❑	❑

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I have missed class/work due to recreational drugs.*	❑	❑	❑	❑	❑	❑
After using recreational drugs,* I have forgotten where I was or what I did.	❑	❑	❑	❑	❑	❑

*RECREATIONAL DRUGS INCLUDE, among others: marijuana, cocaine, ecstasy, heroin, meth; as well as any prescription or over-the-counter drugs taken for recreational purposes.

FAMILY EXPERIENCES

Did the following occur in your family/home environment?	Yes	No	Not Sure
Parents divorced or permanently separated	❑	❑	❑
Frequent, hostile arguing among family members	❑	❑	❑
Death of parent(s) and/or sibling(s)	❑	❑	❑
Parent(s) with a drinking or a drug problem	❑	❑	❑
Sibling(s) with a drinking or drug problem	❑	❑	❑
Family member with a gambling problem	❑	❑	❑
Family member with an eating problem	❑	❑	❑
Family member with a debilitating illness, injury, or disability	❑	❑	❑
Family member prosecuted for criminal activity	❑	❑	❑
Family member diagnosed with a mental disorder	❑	❑	❑
Family member attempted/committed suicide	❑	❑	❑
Physical/Emotional/Verbal/Sexual abuse in your family	❑	❑	❑

FAMILY MENTAL HEALTH HISTORY

		If YES, please check the box for all applicable family members							Successfully treated?	
Clinical Diagnosis	NO ONE	Mother	Father	Brothers	Sisters	Cousins	Aunts/ Uncles	Grand-parents	Yes	No
Depression	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Bipolar Disorder	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Anxiety/Panic Disorder	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Eating Disorder	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
ADD/ADHD (Attention Deficit)	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Post-traumatic Stress Disorder	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Obsessive-Compulsive Disorder	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Borderline Personality Disorder	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Schizophrenia or Psychosis	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
Alcohol or Other Substance Abuse	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑

Other family mental health information: _____

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