## Shelley Lazear L.C.S.W, Licenses number: 99859 6535 S. Dayton St. Suite 1650, Greenwood Village CO. 80111 Phone: (303)-770-0161 Fax: (303)-770-0580

## PERSONAL HISTORY

| Circle the number to best reach you at: Cell Home  Email  | Phone: Current year:  5 Grad: 1 2 3 4 +  Served in combat? Y 1  Engaged Married (1st time Remarried (# of marriages |
|---|---|
| Circle the number to best reach you at: Cell Home  Email  | Phone: Current year:  Served in combat? Y M  Engaged Married (1st time Remarried (# of marriages                    |
| Circle the number to best reach you at: Cell Home  Email  | Phone: Current year:  Served in combat? Y I  Engaged Married (1st time Remarried (# of marriages                    |
| EmailOccupation; employer, description of duties:   | Phone: Current year:  5 Grad: 1 2 3 4 +  Served in combat? Y 1  Engaged Married (1st time Remarried (# of marriages |
| Occupation; employer, description of duties:  If under 18, name of parent or guardian:  If student, name of school:  Education (circle last year completed):  K 1 2 3 4 5 6 7 8 9 10 11 12 College/Tech: 1 2 3 4  Other training: list types and years:   | Phone: Current year:  5 Grad: 1 2 3 4 +  Served in combat? Y 1  Engaged Married (1st time Remarried (# of marriages |
| If under 18, name of parent or guardian:  If student, name of school:  Education (circle last year completed):  K 1 2 3 4 5 6 7 8 9 10 11 12 College/Tech: 1 2 3 4  Other training: list types and years:   | Phone: Current year:  5 Grad: 1 2 3 4 +  Served in combat? Y 1  Engaged Married (1st time Remarried (# of marriages |
| If student, name of school:  Education (circle last year completed):  K 1 2 3 4 5 6 7 8 9 10 11 12 College/Tech: 1 2 3 4  Other training: list types and years:   | Current year:  5 Grad: 1 2 3 4 +  Served in combat? Y 1  Engaged Married (1st time Remarried (# of marriages        |
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|   | Served in combat? Y 1  Engaged Married (1st time Remarried (# of marriages  |
| Military History: Branch of service and years:  | Remarried (# of marriages   |
| PRIMARY RELATIONSHIP(S) DATA: Status: (circle all that apply) Single (never partnered) Going steady Partnered Separated Single (divorced) Widow/Widower Other (describe)  Current enouge partner information, Name  |   |
| Current spouse partner information: Name  |   |
| Age Education (in years) Occupation:  |   |
| Living together? Y N Explain: Is spouse/par   |   |
| Length of marriage/partnership: Anniversary:// Ages   |   |
| Previous relationships: (Names, beginning and ending dates, how ended)  |   |
| FAMILY HISTORY DATA: (Use codes for chart below; use additional sheet Relationship codes: Mother (M) Father (F) Sister (SS) Brother (B) Type codes: Biological (B) Adoptive. (A) Step (S) Half (H) Who were you raised by?  | t if necessary) Daughter (D) Son (SN) Foster (F)  |
| Names (See Codes)  Living: Living: Age/Age at death History of Medical Problems History of Substance Abuse  | Describe nature of problems<br>and of cause of death, where<br>applicable   |
| Y N Y N Y N   |   |
| Y N Y N Y N   |   |
| Y N Y N Y N   |   |
| Y N Y N Y N   |   |
| Y N Y N Y N   |   |
| Y N Y N Y N Y N   |   |
| Y N Y N Y N Y N   |   |
| Y N   Y N |   |
| Y N Y N Y N Y N   |   |

## Personal History - Page 2

| Current / chronic medical   | conditio   | ns / infectious | s diseases       |                                   |                   |  |  |  |
|---|------------|-----------------|------------------|-----------------------------------|-------------------|--|--|--|
| Recent weight changes:  | Lost / g   | ained           | lbs. in          | weeks/n                           | nonths?           | Intentional? Y                         |  |  |
| Serious illnesses / injuries  |            |                 |                  |                                   |                   |  |  |  |
| Surgeries / hospitalization   |            |                 |                  |                                   |                   |  |  |  |
| -   |            |                 |                  |                                   |                   |  |  |  |
| Previous counseling / the   | rapy? Wi   | nen and what o  | conditions?_     |                                   |                   |  |  |  |
| Medication  | Dosage     | Frequency       | Start Date       | R                                 | leason            | Prescribe                              |  |  |
|   |            | •               |                  |                                   |                   |  |  |  |
|   |            |                 |                  |                                   |                   |  |  |  |
|   |            |                 |                  |                                   |                   |  |  |  |
|   |            |                 |                  |                                   |                   |  |  |  |
| NCERNS & GOALS: Wha   | t hrings v | ou to counsel   | ling / therany   | ? What do you                     | hone to accomm    | olish?                                 |  |  |
| Wild Golfes. Wha  | t orings y | ou to counse.   | ing / therapy    | . What do you                     | nope to accomp    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |  |
|   |            |                 |                  |                                   |                   |  |  |  |
|   |            |                 |                  |                                   |                   |  |  |  |
| your current distress level fo  |            |                 |                  | o you, using the                  |                   |  |  |  |
| 0 1 None Very little  | 2<br>Mi    |                 | 3<br>Ioderate    | 4<br>Considerable                 | 5<br>Severe       | 6<br>Maximum                           |  |  |
| None very fittle  | IVI        | iu ivi          |                  |                                   |                   | Maxilliulli                            |  |  |
| Depression  |            |                 |                  | Alcohol I other                   | drug abuse (self) |  |  |  |
| Hopelessness  |            |                 |                  | Alcohol / other drug abuse (who?) |                   |  |  |  |
| Nicotine addiction - amt  |            |                 |                  |                                   |                   |  |  |  |
|   |            |                 |                  | _ Caffeine addiction - amt        |                   |  |  |  |
|   |            |                 | Eating disorders |                                   |                   |  |  |  |
|   |            |                 |                  | Compulsive gambling               |                   |  |  |  |
|   |            |                 |                  | Pornography Sexual addiction      |                   |  |  |  |
| Anger/rage Sexual addiction Fearfulness Computer/ Internet addiction                          |            |                 |                  |                                   |                   |  |  |  |
| Guilt Computer/ Internet addiction  Computer/ Internet addiction  Other addictions (identify) |            |                 |                  |                                   |                   |  |  |  |
| Suicidal thoughts — Communication problems  |            |                 |                  |                                   |                   |  |  |  |
| <u> </u>  |            |                 |                  | •                                 |                   |  |  |  |
| State data actions Sexual problems Sexual problems Marital relationship                       |            |                 |                  |                                   |                   |  |  |  |
| Obsessive thoughts  |            |                 |                  | Domestic violence                 |                   |  |  |  |
|   |            |                 |                  | Blended family problems           |                   |  |  |  |
| Paranoid thoughts / behaviors.  |            |                 |                  | Conflict with parents             |                   |  |  |  |
| Hallucinations (audio /visual)  |            |                 |                  | Conflict with siblings            |                   |  |  |  |
| Memory problems (short term long term)  |            |                 |                  | _ Conflict with children          |                   |  |  |  |
| Concentration lack of focus   |            |                 |                  | _ School / work conflicts         |                   |  |  |  |
| <del></del>   |            |                 |                  | Emotional abuse (past current)    |                   |  |  |  |
|   |            |                 |                  | Physical abuse (past current)     |                   |  |  |  |
| <del></del>   |            |                 |                  | Sexual abuse (past/ current)      |                   |  |  |  |
| Self esteem concerns  |            |                 |                  | Legal problems                    |                   |  |  |  |
| Grief losses (identify) Financial problems Loss of meaning in life Job employment problems    |            |                 |                  |                                   |                   |  |  |  |
|   |            |                 | -                |                                   | t problems        |  |  |  |
| Loss of meaning in life Sleep problems (describe)   |            |                 |                  |                                   |                   |  |  |  |