

Biographical Information: Bobbie Brooks

Identifying Information

Date of Birth: 8/13/1989 (Current age: 30)

Marital Status: relationship.married

Address:

bobbie lane
Dallas, AZ 36987

Primary Phone: (325) 669-8846

Email: denise@therapyappointment.com

Form completed by: Bobbie Brooks

Date completed: September 13, 2019

Symptoms

Recent Concerns/Symptoms:

- Depression
- Feeling abandoned
- Loneliness
- Low energy
- Panic
- Sexual problems
- Sleep problems
- Treated unfairly

Additional Concerns/Symptoms:

- I lost both of my parents earlier this year in a car accident.

Recent Stresses/Life Changes: Separated from my spouse - divorce is pending but not yet final.

Family

Relationship	Name	Personality/Mental health issues
Mother	Gayle	Alcoholic, absent, mean
Father	Don	Loving, anxious, enabler

Childhood

Childhood Issues/Experiences:

- Anxious
- Drug or alcohol abuse
- Good grades
- Physically abused

Cohabitants

Relationship	First Name	Personality/Mental health issues
Son	Hank	Athletic, Daddy's boy, trouble-maker
Daughter	Lacy	My best friend, kind loving

Currently Living:
House

Relationships

Number of times married: One time

Age at time of marriage: 20

Relationship Problems: Divorce Pending -- soon to be ex is an alcoholic.

Education/Work

Current Education/Work: Working

Highest level of education: Bachelor's degree

Major/Favorite Subject: Education

Number of hours worked per week: 50

Usual field of work: Elementary Education

Job Title: 6th grade teacher at Wallace Elementary

Likes/Dislikes of Employment/School: I love the kids, but find that dealing with their parents is soured me on teaching.

Home Life

Hobbies: What is free time?

How many contacts outside of work/school per month: 4

Who can you talk to about private matters: my daughter

Are you satisfied with your romantic life: no

Likes/Dislikes of current romantic and friendship lives: I still love my husband, but can't live with his alcoholism any longer.

Health

Accidents/Illnesses experienced:

- Hormone problems
- Miscarriages

Average hours slept per night: 6

Number of alcoholic drinks consumed per week: 0

What recreational drugs have you taken in past year: none

Prescription/Over the counter drugs you may take and purpose of medication: none

Exercise taken and frequency: no

Tobacco usage: no

Primary Physician and number if known: Perkins

Time of last physical: 1 year

Are you concerned about your health: no

Additional Questions

Tell me your current food plan:: the patient's answer would go here....

And I can add a second question here...and so on: I think blah blah

Third Question: blah blah

I can add another question for my client here.: blah blh alhb a

Accomplishments:

I don't give up.