

# Debbi J. Dunbar, MS, LPC

PARK PLAZA

2501 Parkview Drive | Suite 304 | Fort Worth, TX 76102 | 817.739.2421

www.debbidunbar-lpc.com

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## PERSONAL INFORMATION

Please complete information as fully and accurately as you can. This information informs and guides the counseling process. Please ask for help, if needed. If information does not apply, please draw a line through it. If you become distressed while completing this form, please stop, and bring the document with you to the first session, we can complete it together. This information is strictly confidential.

Name \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI

Primary Phone: \_\_\_\_\_ (Cell/Home | May Call: yes/no | Message: yes/no)

Secondary Phone: \_\_\_\_\_ (Cell/Home | May Call: yes/no | Message: yes/no)

Email: \_\_\_\_\_ (Work/Home | May Email: yes/no)

Home Address: \_\_\_\_\_  
Street Apt. City State Zip

Marital Status: \_\_\_\_\_ How Long? \_\_\_\_\_

Occupation: \_\_\_\_\_ How Long? \_\_\_\_\_

Gender: Male\_\_ Female\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_  
Name Relationship Phone

Are you currently in counseling elsewhere? No\_\_ Yes\_\_

If yes, are you looking for adjunct EMDR Therapy? Please list the name and contact information for your therapist

How did you hear about Debbi J. Dunbar, LPC? \_\_\_\_\_

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## COUNSELING GOALS

Please list up to 4 specific areas of concern that bring you to counseling. Note when these concerns began (note age or timeframe), the frequency you are affected (0-rarely...7-daily), level of upset when concerns occur (0-minimal....10-highly distressing):

1)

2)

3)

4)

How have you addressed the areas of concern listed above? Note if your previous efforts helpful (H), unhelpful (U), or incomplete (I):

What, if any, cost has been associated with your attempts? In the form of time, money, energy, relationships, pain, etc...

What prompts you to seek counseling now?

What would you like to gain from your counseling experience?

How will you know when your counseling goals are attained?

What qualities do you look for in a therapist?

How long do you anticipate counseling to last?

How motivated are you to address and reduce the symptoms you listed above?

Low 1 2 3 4 5 6 7 8 9 10 Hig

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**RELATIONAL STYLE**

This information helps identify how you relate to yourself, others and the world around you. Identifying patterns can help with the counseling process.

*List 5 words to describe your relationship with your Mother*

\_\_\_\_\_

*List 5 words to describe your relationship with your Father*

\_\_\_\_\_

*Which parent were you closer to? And what made that so?*

\_\_\_\_\_

*List 5 words to describe your relationship with your Closest Sibling*

\_\_\_\_\_

*List 5 words to describe your relationship with your Least Close Sibling*

\_\_\_\_\_

*List 5 words to describe your relationship with your Closest/Most Significant Relationship - Today*

\_\_\_\_\_

*List 5 words to describe your **relationship with your Self***

\_\_\_\_\_

*When you are pleased with a personal accomplishment today, how do you respond?*

\_\_\_\_\_

*When you are upset with a personal disappointment today, how do you respond?*

\_\_\_\_\_

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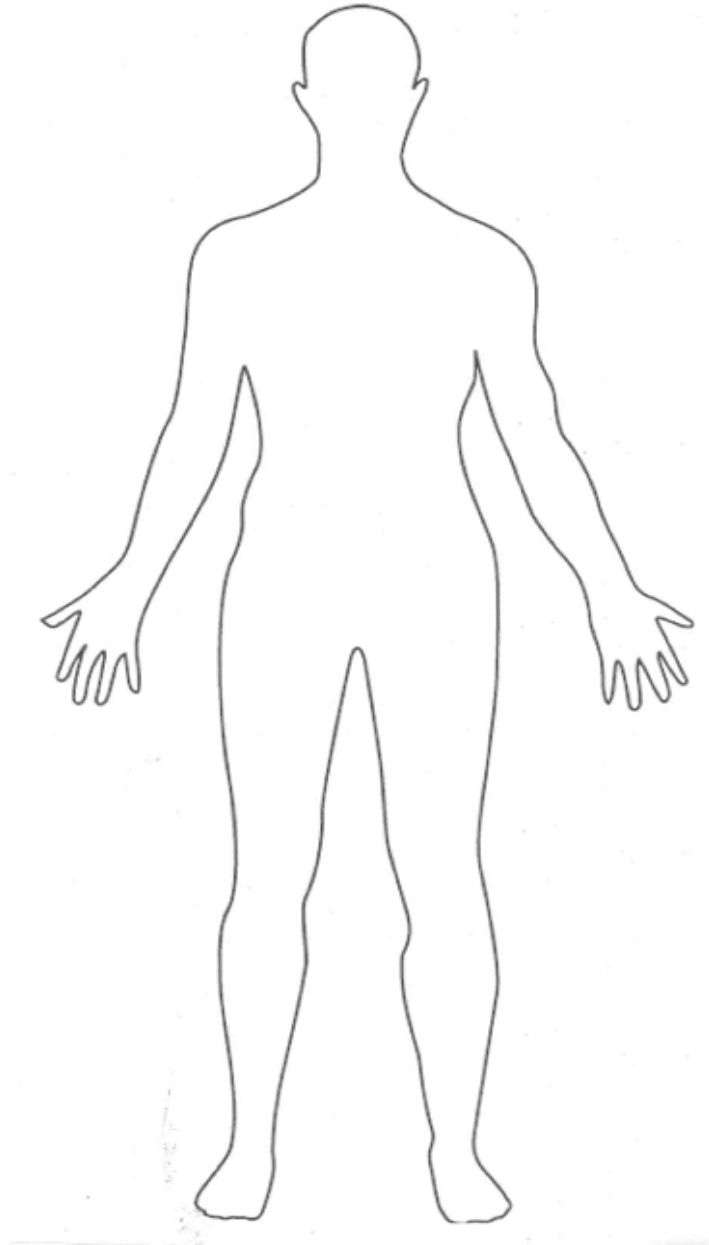
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How do experience your body? Please circle the area where you notice distress and describe the experience. Please draw an arrow to the areas you experience calm and describe the experience.



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**PERSONAL REFLECTIONS**

Overall I would say I am a \_\_\_\_\_ person, when not experiencing my current symptoms.

My personal mantra/motto is \_\_\_\_\_

I would consider myself an introvert or extrovert (circle one)

I have a current source(s) of friends, family or loved ones that I feel connected to/with \_\_\_\_ Yes \_\_\_\_ No.

I have a current pet(s) that I adore \_\_\_\_ Yes \_\_\_\_ No.

In my role as a - career person, student, homemaker, business owner, caretaker, other \_\_\_\_\_  
(circle one) - I am generally satisfied and/ or I gain positive esteem from this part of my life \_\_\_\_ Yes \_\_\_\_ No.

I have hobbies/interests that I enjoy and partake in regularly \_\_\_\_ Yes \_\_\_\_ No.

I would like to do more \_\_\_\_\_

I would like to do less \_\_\_\_\_

How do you spend your free time? Is it enjoyable to you? \_\_\_\_\_

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I participate in regular meditation, prayer, or spiritual activities \_\_\_\_ Yes \_\_\_\_ No.

5 personal values/traits I live by are:

- |    |    |
|----|----|
| 1) | 4) |
| 2) | 5) |