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1. Are you now, or have you ever been, in therapy? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, what were the primary concerns: depression \_\_\_\_\_, OCD \_\_\_\_\_, anxiety \_\_\_\_\_, eating disorder \_\_\_\_\_, social phobia \_\_\_\_\_, other: \_\_\_\_\_  
How long were or have you been in therapy? \_\_\_\_\_  
What would you consider the outcome: successful \_\_\_\_\_, unsuccessful \_\_\_\_\_

2. Have you ever been hospitalized for any physical or mental concerns? YES \_\_\_\_\_ NO \_\_\_\_\_  
Please state the reason and number of times you have been hospitalized  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is there any specific part of your body that you consider unattractive: YES \_\_\_\_\_ NO \_\_\_\_\_  
Example: nose, skin, face, hair, abdomen, muscles, cellulite, mouth, genitals, and breast  
If yes please circle all the areas of concern, or add your specific concern:  
\_\_\_\_\_

4. If you answered yes to #3, do these concerns preoccupy more of your time than you would like?  
YES \_\_\_\_\_, NO \_\_\_\_\_, N/A \_\_\_\_\_

5. Is your primary concerns with appearance that you aren't thin enough, or that you may become too fat: YES \_\_\_\_\_, NO \_\_\_\_\_

6. Has your preoccupation with appearance caused any of the following? Excessive distress or emotional pain \_\_\_\_\_,  
anxiety \_\_\_\_\_, problems with intimate relationship \_\_\_\_\_, staying house-bound \_\_\_\_\_, interfered with your ability to function at school, on the job, or with social functions \_\_\_\_\_, depression \_\_\_\_\_, other:  
\_\_\_\_\_

7. How much time per day are you preoccupied with your appearance or defect?  
Less than 1 hour \_\_\_\_\_, 1 hour \_\_\_\_\_, 2 hours \_\_\_\_\_, 3 hours \_\_\_\_\_, 4 or more hours \_\_\_\_\_

8. Do you engage in any of the following behaviors: frequent mirror checking \_\_\_\_\_, avoid mirrors \_\_\_\_\_, panic attack when you look in the mirror \_\_\_\_\_, face picking \_\_\_\_\_, think others are viewing you negatively \_\_\_\_\_, excessive grooming \_\_\_\_\_, change clothes often to look better \_\_\_\_\_, avoid certain settings due to fears of not looking good, such as direct sunlight \_\_\_\_\_, wear specific clothes or accessories to hide defect \_\_\_\_\_, other: \_\_\_\_\_

9. Have you had cosmetic surgery or dermatological treatments in the past and been disappointed with the results:  
YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, how many treatments have you had? \_\_\_\_\_, Describe the treatment  
\_\_\_\_\_

10. Do you think life isn't worth living because of your appearance: YES \_\_\_\_\_ NO \_\_\_\_\_