

### Don Strasburger, DC 1102 Lily Lake Road PO Box 495 Waverly PA 18471 (570) 290.3833 don.strasburger@gmail.com

| Confidential Case History  | <br>Date: |
|--|-----------|
| Name:  |           |
| Address:   |           |
| City/State/Zip:  |           |
| Phone: h   |           |
| Phone: w   |           |
| Email:   |           |
| Occupation:  |           |
| Date of Birth:   |           |
| Marital Status:  |           |
| Spouse/DP:   |           |
| Children:  |           |
| Note:  |           |
| (Therapist / Psychiatrist / Clergy / Business or Personal Coach) |           |
| Name/Phone/Fax   |           |
| Address  |           |

NOTE: For Best Results, Please Complete All of the Paperwork

# **Bogus Pleasure Recognition Client Questionnaire**

|                                 |  |  |                                      |                                 | D                        | ate:      |                    |  |
|---------------------------------|--|--|--------------------------------------|---------------------------------|--------------------------|-----------|--------------------|--|
| ase f                           |  |  | heet or attach exti                  |                                 |                          | -         |                    |  |
|                                 | A craving is a strong desire, when satisfied may produce euphoria, numbing or other effect and having difficulty with cessation.   |  |                                      |                                 |                          |           | ig difficulty with |  |
| 1.                              | List below fo  | elow foods, beverages or other items with cravings?  |                                      |                                 |                          |           |                    |  |
|                                 | Sugar Soda Chocolate Ice Cream Coffee Cake French Fries Chips Crunchy Food Fatty Food  |  |                                      |                                 |                          |           |                    |  |
|                                 | Other:   |  |                                      |                                 |                          |           |                    |  |
| 2.                              | On a scale of 0 to 10, if 0 is Craving Free and 10 is Craving So Strong-I Will Go Out and Get Something Now, who number would you assign the Craving when it is <i>strongest</i> ? |  |                                      |                                 |                          |           |                    |  |
|                                 | 0 – Craving F  | 0 – Craving Free 1 – Slight 2 – Mild 3 – Uncomfortable 4 – Disturbing 5 – Highly Uncomfortable |                                      |                                 |                          |           |                    |  |
|                                 | 6 – Distressir   | 6 – Distressing 7 – Increasingly Distressing 8 – Intense 9 – Extremely Intense 10 – Unbearable |                                      |                                 |                          |           |                    |  |
|                                 | a. How frequently does this craving occur?   |  |                                      |                                 |                          |           |                    |  |
|                                 | 1X / 2X / 3X / 4X / 5X / 6X per Day  |  |                                      |                                 |                          |           |                    |  |
|                                 |  | 1 / 2 / 3 / 4 / 5 / 6 / 7 Days per Week  |                                      |                                 |                          |           |                    |  |
|                                 | <b>b</b> . Last  | time it occurred:  | <u> </u>                             |                                 |                          |           |                    |  |
| 3.                              | . What do you think is the underlying cause of the above problems?   |  |                                      |                                 |                          |           |                    |  |
| 4.                              | When did th  | /hen did this problem start?   |                                      |                                 |                          |           |                    |  |
| 5.                              | What have you done so far to solve this problem?   |  |                                      |                                 |                          |           |                    |  |
|                                 | Diet Exercise Counseling Psychotherapy Meditation Medical Doctor Other, List Below   |  |                                      |                                 |                          |           | ist Below          |  |
| 6.                              | List any <b>unpleasant</b> or <b>limiting thoughts</b> associated with these cravings?   |  |                                      |                                 |                          |           |                    |  |
|                                 | List any activities, people or things you avoid due to these symptoms?   |  |                                      |                                 |                          |           |                    |  |
| 7.                              | List any <b>activ</b>  | ricies, people of  |                                      |                                 |                          |           |                    |  |
| <ul><li>7.</li><li>8.</li></ul> |  |  | y these symptor                      | ms? Caree                       | r Busin                  | ess Educ  | cation             |  |
|                                 |  |  | oy these symptor                     | ms? Caree                       | r Busin                  | ess Educ  | cation             |  |
|                                 | Circle others  | s areas affected b   |                                      | Home                            |                          |           |                    |  |
| 8.                              | Circle others Family Weight  | Financial Self-Image   | Health                               | Home<br>Self-Control            | Recreation<br>Motivation | Spiritual | Ethics             |  |
| 8.                              | Circle others Family Weight  | Financial Self-Image   | Health<br>Confidence                 | Home<br>Self-Control            | Recreation<br>Motivation | Spiritual | Ethics             |  |
| 8.<br>9.                        | Circle others Family Weight Positive, yet  | Financial Self-Image   | Health<br>Confidence                 | Home<br>Self-Control<br>nclude: | Recreation<br>Motivation | Spiritual | Ethics             |  |
| 8.<br>9.                        | Circle others Family Weight Positive, yet  | Financial Self-Image   | Health Confidence ghts or actions in | Home<br>Self-Control<br>nclude: | Recreation<br>Motivation | Spiritual | Ethics             |  |

### LIST OF MOST COMMON CRAVINGS or TENDENCIES

Please Circle or Highlight All that Apply

Caring til it hurts

**Caffeine** 

**Electronics Sweeteners Artificial Alcohol** Over eating **Anger - Worry Excitement** Over working **Torture (Power)** 

TV **Aspirin Exercise** Over anything

**Aerosol sniffing Endorphins** Occult **Therapy** Action (risky) **Fantasizing** Prayer (w/o action) **Thinners** Adrenalin **Food Pleasure** THC **Amphetamines Fetishes Phobias Thrills** 

**Anti-Depressants** Fame **Prescription Drugs** Tobacco (Nicotine)

**Applause Familiarity Pornography** Tramadol **Approval French Fries People Pleasing Tranquilizers** 

Art Gambling Perfectionism Travel

Trichotillomania **Power** Arson Gossip

**Grudge-holding Procrastination Asthma Ultram** 

Health **Pain Killers Attention Underachieving** 

**Authority Health Food Predator Valium** Heroin/Opium Pleasure in Excess **Vandalism Auto Racing Bagels Husbands** (Relationships) Religion Vanity Vicodin **Beer Isolation** Right (Need to be)

Video **Bulimia Imagination** Racetrack betting **Barbiturates** Internet **Risky Behavior Video Games** 

**Joking** Rebellion Voodoo **Betting Body Building** Job (Being) Right Vomiting Colas **Junk Collecting** Safety Voveurism **Carbs Kinky Sex Sedatives Victim Vitamins** Candy Kleptomania Sex

Chocolate Laziness Satanism Weed

**Cell Phone Lacquer Thinners Shopping** Wine Cleanliness Serotonin Winning Liquor Co-dependency Lying **SELF** Women **Control** Masturbation Self-Help Books/ Work

Wheat flour Cocaine Masochism **Programs** 

Coffee **Material Things Self-Mutilation** X-box

**Coin Collecting** Spotlight (Fame) XXX Movies/Magazines **Meetings** Crime Men **Sniffing Solvents** Young (Teenage) Sex

Sadism

**Smoking** 

**Crunchy food** Marriage Sleeping

Lust

Love

**Drugs OTC/Script Muscle Relaxants Shock Treatment** 

**Drunk Driving** Marijuana Spirituality **Diuretics MSG** Speed **Doughnuts Nicotine Spending Dominator Narcotics Steroids** OCD **Drama** Status quo

**Overachieving** Ego Success © Don Strasburger, DC 06/04/2015

Wealth

Weightlifting

## Don Strasburger, DC

### **Policies and Procedures**

Dear Client,

Listed below are some of our policies and fee information.

Thank you for choosing NET. Most clients start experiencing excellent results on the first visit. It is common for clients to notice their cravings decrease on the first visit, sometimes all the way down to nothing. Also, clients also report, a food previously craved, does not have as strong a taste as it once did post-treatment. Most "food types" of cravings take 1 and occasionally 2 visits to resolve. Multiple cravings may require additional sessions.

Clients may become aware of other stressors which are affecting their life. Additional sessions can be scheduled for another day/time. The doctor may record the session for quality assurance.

In Office Rates (Fees due at time of visit).

\$ 75.00 per 1/3 hour \$112.50 per 1/2 hour

### **DISCLAIMERS**

I understand that Dr. Strasburger's attempts to coordinate my body and nervous system are <a href="NOT">NOT</a> the practice of psychology and psychiatry. If any other medical specialist or specialized form of consulting is indicated, it is understood that a proper referral will be made. We do not guarantee results. Insurance coverage does not apply to these sessions as is true of most elective procedures.

I have read and agree with the above and acknowledge doing so by my signature.

| Client's signature | Date: |
|--------------------|-------|
| Print name         |       |
| If applicable      |       |
| Parent/            |       |
| Guardian           | Date: |
| Print name         |       |