Metropolitan Psychotherapy Associates
2801 Buford Hwy NE, Suite 470
Atlanta, Georgia 30329
(404) 321-4954

Brittany Boden, LCSW • Sandra Hale, MA, LPC • Steve Harris, LCSW • W. Myles Hassler, MS, LPC
Shanna Jackson, PhD, LPC • Heather McCormack-Moon, MA, LPC
Lisa Angert Morris, MS, LPC • Kathy Steele, MN, CS

NEW CLIENT INFORMATION

Name _____ Date _____

Primary phone number _____

Other phone number(s) _____

Email address _____

Address _____

_____

County of residence _____

Date of birth _____ Height _____ Weight _____

Race/ethnicity _____

Highest level of education _____

Place of employment _____

Occupation _____

Who referred you ? _____ May I contact your referral if s/he is a professional? _____

Relationship Status (check one):

Single ____ Married/Committed Relationship ____ Widowed ____ Divorced/Separated ____

How long in married/committed relationship? _____ Partner's age _____

Partner's business or position _____

Do you have children? ____ If yes, ages and genders _____

Medical History

Local physician (name and number) _____

_____

Date of last physical _____

Current physical problems, symptoms or concerns _____

_____

_____

Current prescription medications (name & dosage) _____

_____

_____

Prescribed by (physician name & number) _____

Date and nature of previous significant physical problems _____

_____

Currently in counseling or psychotherapy? Yes _____ No _____

If yes, name of therapist _____

Previous counseling or psychotherapy? Yes _____ No _____

For how long? _____When? _____

Medication prescribed _____

Previous psychiatric hospitalization (where/when) _____

_____ Length of stay _____

Have any family members been hospitalized for psychiatric purposes? Yes _____ No _____

If yes, who? _____ When? _____ How long? _____

Family Information

Parental Status: Living together _____ Separated/Divorced _____

Father's age _____ If deceased, age and year of death _____

Mother's age _____ If deceased, age and year of death _____

Highest educational level attained by: Father _____ Mother _____

Father's most recent business or position _____

Mother's most recent business or position _____

Ages and Genders of siblings: _____

Are/were either of your parents alcoholic or drug addicted? Yes _____ No _____

Are/were any of your siblings alcoholic or drug addicted? Yes _____ No _____

Are/were any of your grandparents alcoholic or drug addicted? Yes _____ No _____

Are/were any other family members alcoholic or drug addicted? Yes _____ No _____

Contact in case of medical or psychological emergency: **(Note:** *This person would only be contacted with your consent, or during life threatening circumstances.)*

Name _____ Relationship _____

Address _____

Main phone _____ Other phone _____

Briefly describe why you are seeking therapy at this time:

_____

_____

_____

_____

_____

What else might be important for your therapist to know?

_____

_____

_____

_____

Client Checklist

Please complete the following checklist. Check only those items which are **TRUE** or mostly true for you.

_____1. A life transition is causing me stress.
_____2. I have just had a major loss.
_____3. I have feelings of overwhelming panic and/or anxiety.
_____4. I am afraid that I'm losing my mind.
_____5. My mind keeps racing, and it is hard to shut out thoughts.
_____6. I am (or have been) seeing or hearing things that others don't see or hear.
_____7. I have disturbing nightmares.
_____8. I have done things to hurt myself physically (suicide attempts, self-mutilation, etc.).
_____9. I have serious thoughts of suicide.
_____10. My future seems hopeless.
_____11. I am very depressed.
_____12. My appetite is not like it used to be.
_____13. I have recently lost/gained a significant amount of weight.
_____14. I have sometimes vomited, fasted, or used laxatives or vigorous exercise in order to control my weight.
_____15. I have been told by a physician that I was too thin.
_____16. I have had an intense fear of gaining weight or becoming fat.
_____17. I have felt fat even though others have said I was thin.
_____18. I have had recurring periods of binge eating (rapid consumption of a large amount of food in a short amount of time).
_____19. I used to sleep normally (e.g. 7-8 hours) every night but now I sleep too much/too little.
_____20. I am concerned about issues of sexuality.
_____21. I sometimes use too much alcohol/drugs.
_____22. I have sometimes felt like I ought to cut down on my drinking/drug use.
_____23. I have sometimes felt bad or guilty about my drinking/drug use.
_____24. People have sometimes annoyed me by criticizing my drinking/drug use.
_____25. I have sometimes had a drink first thing in the morning to steady my nerves or get rid of my hangover.
_____26. I have had a sudden inability to recall important personal information (more than ordinary forgetfulness, not due to head trauma, stroke, seizure, or alcohol-related blackouts).
_____27. I have (past or present) experienced sudden unexpected travel away from my home or work place with the inability to recall my past (not due to head trauma, stroke, seizure, or alcohol-related blackouts).
_____28. I have (past or present) assumed a new identity, partial or complete (not due to head trauma, stroke, seizure, or alcohol-related blackouts).
_____29. I have had a persistent or recurrent experience of feeling detached from reality, as if I were an outside observer of my mental processes or body.
_____30. I have (past or present) had a persistent or recurrent experience of feeling like an automaton or as if in a daydream.
_____31. I have felt like there were two or more very different personalities within myself, each of which is dominant at a particular time.
_____32. I feel I have some gaps in my memory after the age of five.
_____33. When I was a child or adolescent, an adult overly criticized me, focused on my failures, belittled, and/or swore at me.
_____34. When I was a child or adolescent, an adult punched, bit, kicked, burned, or beat me.
_____35. When I was a child or adolescent, someone fondled me, exposed themselves to me such that I felt frightened, exploited me sexually, and/or attempted sexual contact when I did not want to participate.
_____36. As an adult, someone overly criticized me, focused on my failures, belittled, and/or swore at me.
_____37. As an adult, someone punched, bit, kicked, burned, or beat me.
_____38. As an adult, someone fondled me, exposed themselves to me such that I felt frightened, exploited me sexually, and/or attempted sexual contact when I did not want to participate.
_____39. I have recently been sexually assaulted.