Hannah Hawkins-Esther LCSW
Voicemail**:** 770-595-4510
1145 Sheridan Rd NE
Atlanta, Ga. 30324

New Client Information

Date: _____/_____/_____

Name
_____

Phone: Home_____ Work_____

Cell_____

Email:_____

Address_____

_____
(City) (State) (Zip code)

Age: _____ Date of birth: _____

If employed, occupation: _____ Employer: _____

Length of time at current job:_____

Highest Grade/Degree Completed:
_____

If in school, name of school:_____ Grade Level:_____

Any Religious or Spiritual Practices?
_____

How did you find me?
_____

Do you give permission to Hannah Hawkins-Esther to contact the person who referred you?
Y N

Relationship status (please circle all that apply):

Single Engaged Married Partnered Separated Divorced Widowed Other _____

If married/partnered/engaged how long? _____

Past long term relationships/marriages? _____

Partner's/Spouse's occupation _____

Partner's age: _____

Others living in home (please include relationship & age):
_____
_____

Local Physician:
_____

Current physical problems, symptoms or concerns?
_____

Any history of physical problems/hospitalizations?
_____

_____

Current prescription medications (name & dosage):
_____

_____

Prescribed by (name & phone):
_____

Currently in counseling/psychotherapy? Yes _____ No_____

Previous counseling/psychotherapy? Yes _____ No _____

If yes, name of therapist:_____

How long? _____ When? _____

Previous psychiatric hospitalization: Yes _____ No _____

If yes, where? _____

When? _____

Length of stay?

_____

Have any family members been diagnosed with a psychiatric disorder or mental health issue?

Yes __No__Please explain _____

Has any family member been hospitalized due to mental health? Yes _____ No_____

Are any family members currently active in an addiction? Yes _____ No _____

Are any family members currently in recovery? Yes _____ No _____

Parental Status:

Living together _____ Father Deceased _____

Separated/divorced _____ Mother deceased _____

If living, father's age _____ Mother's age _____

If not, year of death_____ Year of death _____

Name, address & phone # of someone in case of emergency:

_____

_____

Describe your reason for seeking help:

_____

_____

Please explain prior efforts to handle the problem:

_____

_____

Do you see any other person(s) as being involved in your problem?

_____

If so, who? _____

Relationship: _____

How?

_____

To whom have you turned for help or support?

_____

How were they of assistance?

_____

Briefly describe what you hope to get out of psychotherapy:

_____

_____

_____

_____

_____

Please circle any of the following problems that pertain to you:

Relationships Suicidal Thoughts Family Problems Negative thoughts Grief

Nervousness Depression Alcohol /Drug Use Temper Shyness

Self-Control Appetite Voices/Visions Nightmares Marriage

Sexual Problems Anger Finances Parenting Concerns

Stomach Trouble Unhappiness Career Choices Stress Sleep

Relaxation Headaches Bowel Troubles Legal Matters Work

Concentration Inferiority Energy Insomnia Memory

Decisions Loneliness Unusual Sounds My thoughts Ambition

School Spiritual Issues Health Problems Tiredness Binging

Purging Restricting Divorce Fears Excessive

Worries

Please add any more information or list any other problems you feel important

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_____

I understand that my fee for a 50 minute session is $200.00 payable at the time services are rendered. I further understand that other than an emergency, failure on my part to give at least 24 hours notice of a cancellation will result in my being billed for this session.,

Signature_____

Date _____

Parent/Guardian Signature _____

Date _____

Therapist signature _____

Date_____

To further help me get to know you, please complete the following sentences (short, one word)

1. I worry about
2. What I do best is
3. I have sometimes felt guilty about
4. What makes me angry is
5. My biggest mistakes were
6. My job/school
7. What makes me nervous is
8. My personality would be better if
9. I often felt that mother
10. God is
11. My temper
12. My childhood
13. Prayer is
14. My biggest disappointment
15. To me, sex is
16. I would be better liked if
17. I often felt that father
18. My child(ren) or my(brothers and sisters)
19. Women are
20. What hurts me most is
21. My biggest problem in life is
22. Men are
23. The most important thing to me is