

**Hannah Hawkins-Esther LCSW**

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**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?

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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:

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Describe your reason for seeking help:

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Please explain prior efforts to handle the problem:

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

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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 45 minute session is \$245.00 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