

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?

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
Purgung	Restricting	Divorce	Fears	Excessive
Worries				

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

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