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NEW CLIENT INFORMATION

Name: _____ Date: _____

Primary phone number: _____

Other phone number(s): _____

Email: _____

Address: _____

Date of birth: _____ Height: _____ Weight: _____

Race/ethnicity: _____

Highest level of education: _____

Place of employment: _____

Occupation: _____

How did you hear about my practice? _____

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: _____

Number of children: _____ 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 alcohol or drug addicted? _____ Yes _____ No

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

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

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

Briefly describe why you are seeking therapy at this time:

What else might be important for me to know?

Please indicate who should be contacted in case of an emergency (names and phone #s):

*Completion of this section indicates permission to contact these people should an emergency (as determined by the therapist) arise. If you choose not to complete this section, should an emergency arise, I will contact 911.

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 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 stroke, seizure, or alcohol-related blackouts).
- _____28. I have (past or present) assumed a new identity, partial or complete (not due to 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.

Client's Signature

Date