Elizabeth M. Atkinson, LPC
(336) 669-0146 confidential voice mail
(336) 740-9137 fax

Name: _____ Date: _____

Home Address: _____ DOB: _____/ _____/ _____

City, State, Zip: _____ SS#: _____ - _____ - _____

Home Phone: (_____) _____ - _____ Sex: Male ❑ Female ❑

Cell Phone: (_____) _____ - _____ Email: _____

Employer: _____ Work Phone: (_____) _____ -_____

May we call you at: Home: Yes ❑ No ❑ Work: Yes ❑ No ❑ Cell: Yes ❑ No ❑
May we send mail to you at your home address? Yes ❑ No ❑
Marital Status: Never Married ❑ Married ❑ Widowed ❑ Separated ❑ Divorced ❑

Spouse's Name: _____ DOB _____/ _____/ _____

Children's Names: _____ DOB _____/ _____/ _____

_____ DOB _____/ _____/ _____

_____ DOB _____/ _____/ _____

Previous Marriage: Yes ❑ No ❑ How Long? _____
Highest Level of Education: _____ Spouse's _____

Health & Personal Information

Would you describe your current physical health as: Excellent ❑ Good ❑ Fair ❑ Poor ❑
Would you describe your current diet as: Excellent ❑ Good ❑ Fair ❑ Poor ❑

How many hours do you sleep each night? _____
Do you currently have any physical problems? Yes ❑ No ❑ If yes, please explain: _____

_____

Please list any medical conditions or any disabilities: _____

_____

Have you or anyone in your family ever been diagnosed or treated for any mental illness? Yes ❑ No ❑ If yes, explain:

_____

Have you ever been in counseling before? Yes ❑ No ❑ If yes, please provide counselor name and location, dates and

reason for counseling: _____

_____P

lease list all prescription and OTC medications currently being taken:

1201 Battleground Avenue, Suite 104
Greensboro, NC 27408
www.elizabethmatkinson.com

Elizabeth M. Atkinson, LPC
(336) 669-0146 confidential voice mail
(336) 740-9137 fax

Medication	Dosage	Physician	Purpose

Have you ever taken illegal drugs? Yes ❑ No ❑
Do you drink alcoholic beverages Yes ❑ No ❑ How many average per day? _____ per week?_____
Are religious or spiritual issues important to you? Yes ❑ No ❑
How much do they impact/influence your daily life? A great deal ❑ A reasonable amount ❑ Some ❑ Very little ❑
Do you currently attend church? Yes ❑ No ❑

If yes, where do you attend? _____

How did you hear about my practice? Referral? _____

What concerns are you seeking counseling for today? _____

How often are you troubled by these concerns? Constantly ❑ Often ❑ Sometimes ❑ Not very often ❑

Please indicate your current level of the following symptoms or behaviors:

	Never	**Rarely**	**Sometimes**	**Frequently**
Feeling angry or having outbursts:	❑	❑	❑	❑
Inability to control my thoughts:	❑	❑	❑	❑
No one cares about me:	❑	❑	❑	❑
Loss of, or increased appetite:	❑	❑	❑	❑
Feeling distant from God:	❑	❑	❑	❑
Trouble controlling worry or anxiety:	❑	❑	❑	❑
Life is hopeless:	❑	❑	❑	❑
Concerns with emotional stability:	❑	❑	❑	❑
Withdrawing from relationships:	❑	❑	❑	❑
Excessive use of alcohol or drugs:	❑	❑	❑	❑
Trouble concentrating:	❑	❑	❑	❑
Loss of sexual interest:	❑	❑	❑	❑
I am lonely:	❑	❑	❑	❑
Feelings of depression:	❑	❑	❑	❑
Easily distracted:	❑	❑	❑	❑
People are out to get me:	❑	❑	❑	❑
	Never	**Rarely**	**Sometimes**	**Frequently**

1201 Battleground Avenue, Suite 104
Greensboro, NC 27408
www.elizabethmatkinson.com

Elizabeth M. Atkinson, LPC
(336) 669-0146 confidential voice mail
(336) 740-9137 fax

Wanting to sleep all the time:	❑	❑	❑	❑
Nightmares:	❑	❑	❑	❑
Often fatigued:	❑	❑	❑	❑
Avoiding people:	❑	❑	❑	❑
Afraid of specific places or things:	❑	❑	❑	❑
Excessive recurring thoughts:	❑	❑	❑	❑
Lack of interest/motivation in activities:	❑	❑	❑	❑
Getting into trouble at school/work:	❑	❑	❑	❑
Having little self confidence:	❑	❑	❑	❑
I do not deserve to be forgiven:	❑	❑	❑	❑
Feeling numb, having no emotions:	❑	❑	❑	❑
Out of control:	❑	❑	❑	❑
Afraid of being alone:	❑	❑	❑	❑
Insomnia:	❑	❑	❑	❑
Irritability:	❑	❑	❑	❑
I hear voices:	❑	❑	❑	❑
Feeling of being disoriented:	❑	❑	❑	❑
Why do I feel so different?	❑	❑	❑	❑
Most people don't like me:	❑	❑	❑	❑
Obsession with certain activities:	❑	❑	❑	❑
Feeling of stress, under too much pressure:	❑	❑	❑	❑
I want to hurt someone:	❑	❑	❑	❑
I can't do anything right:	❑	❑	❑	❑
Mood shifts:	❑	❑	❑	❑
Trouble making or keeping friends:	❑	❑	❑	❑
Feeling fat:	❑	❑	❑	❑
People manipulate or control me:	❑	❑	❑	❑
I am often physically sick:	❑	❑	❑	❑

Emergency Contact

Who should we contact in case of an emergency (locally)?

Name: _____ Relationship:_____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Client Signature: _____

1201 Battleground Avenue, Suite 104
Greensboro, NC 27408
www.elizabethmatkinson.com