

# Initial Evaluation

Teresa I. Utley

\*Please complete all questions on this form \*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip \_\_\_\_\_

Email: \_\_\_\_\_ Email Spouse \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (CSpouse) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Guardianship (when applicable) \_\_\_\_\_

Marital Status: Never Married Married Widowed Divorced Separated Cohabiting

## Family Members:

Name Age Gender Relationship

Name	Age	Gender	Relationship

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

School: (if applicable) \_\_\_\_\_

Who referred you? \_\_\_\_\_

What is your preferred method of payment?

Credit Card \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

## Emergency Information:

Primary Care Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

## Medical History:

Do you have any Allergies? **Y N**

Medications \_\_\_\_\_

Foods \_\_\_\_\_

Current medications \_\_\_\_\_

Do you have any chronic medical conditions? (heart disease, cancer, diabetes, asthma, etc...? **Y N**

If yes, please explain. \_\_\_\_\_

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Do you, or a family member, have any history of mental health problems or addiction?

If yes, please explain. \_\_\_\_\_

Do you have family in the area for social support? **Y N**

Do you attend church regularly? **Y N**

Are you currently involved in any legal matters? **Y N**

Are you, or a family member, a veteran? **Y N**

## Self Assessment:

What is the reason for your visit today?

\_\_\_\_\_

What do you hope to accomplish in therapy?

\_\_\_\_\_

## Previous Counseling:

Therapist Name	Approximate dates of treatment	What was accomplished

## Informed Consent- Initial each

I have received a copy, read and understand HIPAA Privacy Policy

I have received a copy, read, understand and I agree to the Service Agreement

I consent to treatment from Teresa I. Utley.

I consent to email and or text notification/information from Teresa I Utley.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date