

**Annette Hodgson, LCSW
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Annette Hodgson Family Counseling, LLC
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Initial Client Evaluation for Adults and Couples

Name(s): _____

Address: _____

Birth Date(s): _____

Home phone: _____ Mobile: _____

E-mail _____ (this e-mail will be
used for appointment reminders.)

Marital Status: ___ Married ___ Yrs ___ Never married ___ Separated
___ Divorced ___ Yrs ___ Widowed ___ Yrs ___ Engaged

Children:

Name _____ Age _____ Lives with you: ___ Yes ___ No

Name _____ Age _____ Lives with you: ___ Yes ___ No

Name _____ Age _____ Lives with you: ___ Yes ___ No

Name _____ Age _____ Lives with you: ___ Yes ___ No

Name _____ Age _____ Lives with you: ___ Yes ___ No

Parents: Mother's Current Age _____ Deceased Yrs. _____ Absent/Unknown

Father's Current Age _____ Deceased Yrs. _____ Absent/Unknown

Step-Mother Current Age _____ Deceased Yrs. _____ Absent/Unknown

Step-Father Current Age _____ Deceased Yrs. _____ Absent/Unknown

**Profession/type of
work/employment:** _____

Years in current field of work: _____

Confidential Medical Information:

Do you have any allergies (medication/food/environmental)? ___ No ___ Yes

Medical problems: _____

Prescribed medications: _____

In case of a medical or other emergency, please tell me who you would like us to call:

Name: _____ Relationship: _____ Phone: _____

Counseling Information:

Reason for coming to counseling: _____

Have you been in treatment before? _Yes _No If yes, please give the following information:

Problem: _____ Year _____ Were you satisfied with the results: _Yes _No

Problem: _____ Year _____ Were you satisfied with the results: _Yes _No

What would you identify as your top emotional strengths? For couples, please list your relationship strengths.

How did you hear about my counseling practice?

Client(s): _____

Date: _____