

Annette Hodgson, LCSW
Licensed Clinical Social Worker
Annette Hodgson Family Counseling, LLC
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404-597-3327

Initial Client Evaluation for Adults and Couples

Name(s): _____
Address: _____
Birth Date(s): _____

Please give the telephone number where I may leave voice mail messages.

Please remember that cellular phones are not necessarily confidential due to technology.

Home: _____ Cellular: _____ Work: _____

_____ **Please initial indicating you understand the limits of confidentiality on cellular phone calls.**

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 us who you would like us to call:

Name: _____ Relationship: _____ Phone: _____

Counseling Information:

Reason for coming to counseling/desired services: _____

Have you been in treatment or counseling before? Yes No If yes, please give the following info:

Problem: _____ Year _____ Were you satisfied with the results: Yes No

Problem: _____ Year _____ Were you satisfied with the results: Yes No

How did you hear about treatment? _____

Have you had any suicidal or homicidal thoughts now or in the past? Yes No

If yes, when: _____

Have you ever been mentally, physically or sexually abused? Yes No Unsure

What are your goals or expectations for the outcome of this counseling? _____

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

How did you hear about Annette Hodgson for counseling?

Client(s): _____

Date: _____