## Initial Evaluation

Teresa I. Utley
\*Please complete all questions on this form \*

Name: Spouse  Address: City, Zip	Date:			
City, Zip	Name:		Spouse	
Email:	Address:			
Phone: (H) (C) (CSpouse)	City, Zip			
Date of Birth: Age:Spouse Date of Birth: Age:  Guardianship (when applicable)	Email:	Email Spouse		
Guardianship (when applicable)	Phone: (H)	((	C)(CS	Spouse)
Marital Status: Never Married Married Widowed Divorced Separated Cohabitating  Family Members (Living in Household):  Name Age Gender Relationship  Employer: Occupation:  Spouse Employer: Occupation:  School: (if applicable)  Who referred you?  What is your preferred method of payment? Credit Card Check Cash  Emergency Information (MUST FILL OUT):  Emergency Contact Name: Phone  Relationship to Patient:  Medical History:  Do you have any Allergies? Y N Medications  Current medications  Do you have any chronic medical conditions? (heart disease, cancer, diabetes, asthma, etc? Y N If yes, please explain  Do you, or a family member, have any history of mental health problems or addiction?	Date of Birth:	Age:	Spouse Date of Birth: _	Age:
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Medications		aies? Y N		
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If yes, please explain Do you, or a family member, have any history of mental health problems or addiction?	Current medications			
Do you, or a family member, have any history of mental health problems or addiction?	Do you have any chroi	nic medical conditio		betes, asthma, etc? Y N
If yes, please explain	Do you, or a family me	ember, have any his	story of mental health problems	or addiction?
	If yes, please explain.		·	

## Initial Evaluation

## Teresa I. Utley

\*Please complete all questions on this form \*

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 accom	nplish in therapy?	
Previous Counseling:		
Therapist Name	Approximate dates of treatment	What was accomplished
Informed Consent- Initial ea		\ Privacy Policy
	eived a copy, read and understand HIPAA eived a copy, read, understand and I agre	
	to treatment from Teresa I. Utley.	
i consent t	o email and or text notification/information	Thom relesa rolley.
Print Name		
Signature		Date
Print Name		
Signature		Date