Initial Evaluation

Teresa I. Utley

***Please complete all questions on this form ***

Date: _____

Name: _____ Partner_____

Address: _____

City, Zip _____

Email: _____Email Spouse_____

Phone: (H) _____(C) _____ (CSpouse) _____

Date of Birth: _____ Age: _____Spouse Date of Birth: _____ Age: _____

How do you identify? _____Pronoun used_____

Marital Status: Never Married Married Widowed Divorced Separated Cohabitating

Family Members:

Name Age Gender Relationship (Living in Household)

_____ _____

_____ _____

_____ _____

Employer: _____ Occupation: _____

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** Food Allergies? **Y N** If yes, list_____

Current Medications Self_____
Current medications Partner_____
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?
If yes, please explain. _____
_____

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Teresa I. Utley

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Do you have family in the area for social support? **Y N**
Are you religious/Spiritual? **Y N**
Are you currently involved in any legal matters? **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.
	I have read over the TeleHealth forms and understand them.

Print Name

Signature Date

Print Name

Signature Date