

Billing Information

Responsible Party: _____

Address: _____

Phone Number: Home _____ Work _____ Cell _____

SSN: _____ Date of Birth: _____ Relationship to Client _____

*****In the event that there is a missed appointment, no-show, or cancellation without twenty-four hours notice, I authorize Leah E. Neese, M.A., LPC to use the following credit card information for payment. (**REQUIRED INFORMATION**)**

Discover Visa MasterCard American Express (Circle one)

Name as it Appears on Card: _____

Card Number: _____ Expiration Date: _____

Three-digit number printed on the back of your card (AMEX has a 4-digit number printed on the front of the card): _____

Email: _____ Phone Number linked to this Card: _____

Signature: _____ Date: _____

Insurance Information - Primary Carrier Only

Insurance Company: _____

Policy ID: _____ Group Number: _____

Name of Insured: _____ Insured's Date of Birth: _____

Insured's Employer: _____ Insured's Phone Number: _____

Insurance Company's Phone Number (back of card): _____

Referral Situation

What recent events or emotional/behavioral problems have led to your seeking assistance?

Please state in your own words the nature of your present problems/symptoms.

Were your problems/symptoms first noted by someone else? If so, by whom?

Please describe briefly your goals and expectations for yourself and what you hope may be accomplished by this evaluation or through counseling.

Current Stress

The following section is designed to help you describe your current stress in greater detail and to identify problems which might otherwise go unnoticed. This will enable me to design a comprehensive treatment program and tailor it to your specific needs.

Circle any of the following behaviors that apply to you:

- | | | | | |
|------------------|---------------------|----------------------------|---------------------|--------------|
| Overeat | Suicidal attempts | Can't keep a job | Take drugs | Compulsions |
| Insomnia | Vomiting | Smoke | Take too many risks | |
| Odd behavior | Withdrawal | Lazy | Drink too much | Nervous tics |
| Eating problems | Work too hard | Concentration difficulties | Aggressive behavior | |
| Procrastination | Sleep disturbance | Crying | Impulsive reactions | |
| Phobic avoidance | Outbursts of temper | Loss of control | | |

Feelings: Circle any of the following feelings that often apply to you:

- | | | | | | | |
|---------|----------|------------|-----------|---------|-----------|-----------|
| Angry | Guilty | Unhappy | Energetic | Annoyed | Happy | Bored |
| Relaxed | Sad | Conflicted | Restless | Tense | Depressed | Regretful |
| Lonely | Anxious | Hopeless | Contented | Fearful | Hopeful | Excited |
| Panicky | Helpless | Optimistic | | | | |

Physical Sensations: Circle any of the following that often apply to you:

- Headaches Stomach trouble Skin problems Dizziness Tics Visual disturbances
- Dry mouth Fatigue Hearing problems Palpitation Twitches Burning or itchy skin
- Muscle spasms Flushes Chest pains Tension Numbness Back pain
- Rapid heart beat Watery eyes Tremors Don't like being touched Sexual disturbances
- Tingling Excessive sweating Unable to relax Fainting spells Blackouts
- Bowel disturbances Hear things

Image: Circle any of the following that apply to you:

- Pleasant sexual images Unpleasant sexual images Aggressive images
- Unpleasant childhood images Lonely images Images of being loved Helpless images
- Seduction images

I Picture Myself: Circle any of the following that apply to you:

- being hurt hurting others being followed not coping being in charge
- being laughed at succeeding failing being trapped losing control

Thoughts: Circle each of the following thoughts that apply to you:

- I am worthless, a nobody, useless and/or unlovable.
- I am unattractive, incompetent, stupid and/or undesirable.
- I am evil, crazy, degenerate and/or deviant.
- Life is empty, wasted; there is nothing to look forward to.
- I make too many mistakes, I can't do anything right.

Circle each of the following words that you might use to describe yourself:

- Intelligent confident trustworthy loyal worthwhile unattractive confused ambitious
- considerate worthless useless memory problems full of regrets a nobody sensitive
- attractive morally degenerate a deviant crazy unlovable honest inadequate
- stupid conflicted ugly naive good sense of humor incompetent
- horrible thoughts can't make decisions concentration difficulties suicidal ideas
- persevering hard-working

Do you currently use any of the following?

- Marijuana Tranquilizers Sedatives Aspirin Cocaine Painkillers Alcohol
- Coffee Cigarettes Narcotics Stimulants Hallucinogens (LSD, etc)

If so, how often?

Is there any other information that you think would be helpful for your therapist to know?
