

Christopher Emerson, Ph.D.
Licensed Clinical Psychologist PSY23147
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CLIENT INFORMATION (PHI)

Name: _____ E-Mail: _____

Date of Birth: _____

Home Address: _____

_____ Phone #: _____

Work Name / Address: _____

_____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Prior Psychological Treatment / Hospitalizations: _____

Health Conditions / Allergies: _____

Current Medications: _____

Prescribed By: _____

Referred By: _____

Reason you are seeking therapy: _____

Today's Date: _____

Credit Card # (if applicable): _____

Name as it appears on card: _____

Expiration Date: _____ V-Code: _____

I authorize Dr. Emerson to make charges on my credit card for psychotherapy sessions at our agreed upon hourly rate, including any cancellations without the required 24-hour notice and/or no-show appointments.

Signature

Date

CLIENT INFORMATION (PHI)

Name: _____

Please circle the symptoms you are currently experiencing:

	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>	<u>How Long</u>
Depressed Mood	1	2	3	_____
Hopelessness	1	2	3	_____
Suicidal Thoughts	1	2	3	_____
Appetite Changes	1	2	3	_____
Weight Change	1	2	3	_____
Poor Concentration	1	2	3	_____
Obsessive Thoughts	1	2	3	_____
Strange Thoughts	1	2	3	_____
Tension/Anxiety	1	2	3	_____
Panic Attacks	1	2	3	_____
Memory Problems	1	2	3	_____
Compulsive Behavior	1	2	3	_____
Hostility or Anger	1	2	3	_____
Violent Acts	1	2	3	_____
Social Isolation	1	2	3	_____
Sexual Problems	1	2	3	_____

Please circle to indicate current use:

Alcohol Use: None 1-4 times per month 2-3 times per week Daily

Amount: 1-2 drinks per sitting 2-4 drinks per sitting 5 or more drinks per sitting

Intoxication: Never 1-4 times per month 3-4 times per week Daily

Circle all currently used or used in last year :

Marijuana Sedatives Stimulants Cocaine Opiates Hallucinogens

Nicotine Caffeine None

Frequency: _____

Have you ever been arrested? Yes No