

Please complete the information below. However, refrain from signing until you have read the Lewis Associates Services and Fee Agreement and understand the information. You will have an opportunity to read this agreement in our office when you arrive a few minutes prior to your first appointment. Your signature below indicates that you have read the Services and Fee Agreement and also serves as acknowledgement that you have received the HIPAA Notice form.

**I have read and understand the Lewis Associates Services and Fee Agreement. I agree to the statements and the terms of payment.**

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print Name Legibly First Middle Last

**CLIENT INFORMATION:**

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ IS IT OK TO LEAVE A MESSAGE? Yes No

PERSONAL EMAIL TO SCHEDULE APPOINTMENTS \_\_\_\_\_

BIRTH DATE / AGE \_\_\_\_\_ / \_\_\_\_\_ RELATIONSHIP STATUS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_

NAME HOME or CELL PHONE

ADDRESS EMPLOYER WORK PHONE

NAME, AGE, AND RELATIONSHIP OF PERSONS LIVING IN YOUR HOUSEHOLD

\_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN \_\_\_\_\_

NAME ADDRESS PHONE

CURRENT MEDICATIONS \_\_\_\_\_

PRIOR THERAPY? \_\_\_ Yes \_\_\_ No Dates of treatment: \_\_\_\_\_

Therapist name and address: \_\_\_\_\_

1. What are the main reasons for seeking psychological services at this time? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. What efforts have you made to deal with these concerns? \_\_\_\_\_

\_\_\_\_\_

3. Do you currently have suicidal thoughts? \_\_\_ yes \_\_\_ no. Have you ever attempted suicide? \_\_\_ yes \_\_\_ no
4. Do you currently have violent or homicidal thoughts or plans? \_\_\_ yes \_\_\_ no
5. How often do you drink alcohol? \_\_\_ 1 p/month \_\_\_ 1-2 p/week \_\_\_ daily \_\_\_ none  
On the days you drink, how many drinks do you usually have? \_\_\_\_\_  
Do you consider it a problem? \_\_\_\_\_
6. Do you use non-prescription substances? If so, please list what substances and how often. \_\_\_\_\_
7. Please describe your diet: \_\_\_\_\_  
\_\_\_\_\_
8. Do you engage in regular exercise? \_\_\_ yes \_\_\_ no
9. Please check all symptoms that are problems for you.
- |                         |                         |                                |
|-------------------------|-------------------------|--------------------------------|
| ___ anger               | ___ fears and phobias   | ___ obsessive thinking         |
| ___ anxiety             | ___ flashbacks          | ___ procrastination            |
| ___ aggressive behavior | ___ headache            | ___ perfectionism              |
| ___ attention problems  | ___ impulsive behavior  | ___ panic                      |
| ___ compulsive behavior | ___ irritability        | ___ stress                     |
| ___ depression          | ___ learning problems   | ___ seasonal mood              |
| ___ disorganization     | ___ moodiness           | ___ worry                      |
| ___ eating problems     | ___ negativity          | ___ passing out                |
| ___ sleep problems      | ___ social anxiety      | ___ dizziness                  |
| ___ stomach pains       | ___ problems w/ friends | ___ love relationship concerns |
| ___ sexuality concerns  | ___ marital problems    | ___ abuse in past or present   |
| ___ tiredness           | ___ family problems     | ___ time loss                  |
| ___ parenting issues    | ___ guilt               | ___ academic problems          |
| ___ health problems     | ___ substance abuse     | ___ bingeing or purging        |

**Referral Source: Please indicate how you heard of Lewis Associates.**

- \_\_\_ Professional Referral (Dr./attorney/etc.) \_\_\_ Friend/Colleague \_\_\_ Family Member
- \_\_\_ Newspaper (Which one?): \_\_\_ Carolina Parent \_\_\_ Carolina Woman Other \_\_\_\_\_
- \_\_\_ Website (Please tell us how you found our site): \_\_\_ psychotherapyresources.com  
\_\_\_ psychologytoday.com \_\_\_ somethingfishy.org \_\_\_ other \_\_\_\_\_
- \_\_\_ Flyer or Brochure (Where did you find this?) \_\_\_\_\_
- \_\_\_ Yellow Pages \_\_\_ Other: \_\_\_\_\_
- Information about person who referred you: Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
- May we thank this person? \_\_\_ yes \_\_\_ no