

**New Patient Information**

**Maggie Hope, LPC, MHSP**

2323 21<sup>st</sup> Ave. S. Nashville, TN 37212

615-417-9707

Please provide the following confidential information. Please Print.

Today's Date: \_\_\_\_\_

Client Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
                    First                                      Middle                                      Last

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Sex: F M Other or Gender Identity: \_\_\_\_\_ (Specify if comfortable doing so)

Race/Ethnicity \_\_\_\_\_ Country of Origin \_\_\_\_\_

Religious Affiliation or Spiritual Practice (if applicable) \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Date of Last Exam \_\_\_\_\_

Psychiatrist (if applicable) \_\_\_\_\_ Date of Last Appointment \_\_\_\_\_

Sibling(s) Names/ Age(s) \_\_\_\_\_

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

How were you referred to my practice?: \_\_\_\_\_

Do You Have Any Medical Problems or History of Medical Problems? Yes No If Yes, Please Explain:

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

Current Medications & Dosage (Prescription/Herbal/Other): Prescribed by:

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

**Listing of Prior Treatment**

Beginning with the most recent, please list all professionals (psychologists, psychiatrists, counselors, social workers, pastoral counselors, etc.) and facilities (hospitals, alcohol and drug programs, clinics, etc.) that have provided psychological evaluation and/or treatment.

Patient Initials	Type of Service (counseling, hospitalization, etc)	Provider	Dates of Service

**Has anyone in your family (blood relatives) ever been diagnosed with a mental illness?** \_\_\_\_\_

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

**Has anyone in your family ever attempted suicide?** \_\_\_\_\_

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

**My symptoms include (Circle all that apply):**

- sadness                      irritability                      insomnia                      crying spells                      suicidal thoughts
- no pleasure    no energy    trouble sitting still    trouble concentrating    fear
- changes in appetite    sleeping too much    low self-esteem                      troubling thoughts
- feeling paranoid                      feeling out of control                      thoughts of harming others
- confused or forgetful                      alcohol abuse                      hopelessness                      helplessness
- excessive or inappropriate guilt                      excessive or inappropriate anger                      worrying
- panic attacks                      indecisiveness                      impulsivity                      racing thoughts
- irritability    relationship difficulties                      physical symptoms \_\_\_\_\_

Others: \_\_\_\_\_

**Briefly Describe the Main Problems/Reasons That Bring You Here:**

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**What Would You Like To Achieve and/or See Happen By Coming Here For Care?**

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**What kinds of physical activity do you get?**

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**Do you try to restrict your eating in any way? \_\_\_No \_\_\_Yes If Yes, how? \_\_\_\_\_**

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**Do you have any problems getting enough sleep? \_\_\_No \_\_\_Yes If Yes, what problems? \_\_\_\_\_**

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**Have you ever been exposed to or witnessed any of the following: actual or threatened death, actual or threatened serious injury, or actual or threatened sexual violence? \_\_\_No \_\_\_Yes If yes, please explain:**

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Have you ever been abused in any way? \_\_\_ No \_\_\_ Yes If yes, \_\_\_ Emotional \_\_\_ Physical \_\_\_ Sexual

When and by whom: \_\_\_\_\_

How did/do your parents/caregivers get along with each other? \_\_\_\_\_

How were/are your relationships with parents/caregivers? \_\_\_\_\_

How do you get along with your siblings?

Did anyone in your family abuse alcohol or drugs, experience mental or emotional difficulties, or have serious medical concerns? \_\_\_ No \_\_\_ Yes If yes, please explain: \_\_\_\_\_

Has anyone in your family been diagnosed with a mental illness? Attempted Suicide? \_\_\_ No \_\_\_ Yes

If yes, please explain: \_\_\_\_\_

How do you get along with friends? Are you satisfied with your social support? \_\_\_\_\_

L. Is there any other information you think I should know about your health or history?