



**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?

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

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

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

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**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
Seduction images	Helpless 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?

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

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