

Family Therapy Center of Northern Virginia, llc

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www.FamilyTherapyNova.com
Director, Gabrielle Anderson, Imft 703.350.1346

Client Information Form: Adult

Name: _____

Address: _____

_____ Ok to mail items? Y/N

Home Phone: _____ OK to leave message? Y/N

Cell: _____ OK to leave message Y/N ... Do you text? Y/N

Place/position of employment: _____

E-mail address _____ Checked regularly? _____

Do you want auto-reminders of appointments? Y/N... If Yes, by text or email?

(Circle one) If text, who is the cell phone carrier? _____

Date of birth: _____

Emergency contact: _____

Relationship to client: _____ Phone: _____

Please list any medications you currently take & why: _____

Do you want a monthly insurance statement for reimbursement? Y/N

Who referred you? _____ May I thank them? Y/N

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Symptom Checklist (please circle the appropriate response) Past = over 2 months ago

- 1. Trouble falling asleep.....Current Past Never
- 2. Trouble remaining asleep.....Current Past Never
- 3. Trouble getting out of bed.....Current Past Never
- 4. Loss of appetite.....Current Past Never
- 5. Excessive hunger.....Current Past Never
- 6. Bingeing/purging.....Current Past Never
- 7. Restrictive eating.....Current Past Never
- 8. Excessive exercising.....Current Past Never
- 9. Trouble concentrating.....Current Past Never
- 10. Excessive worrying.....Current Past Never
- 11. Frequent tearfulness.....Current Past Never
- 12. Feelings of sadness.....Current Past Never
- 13. Irritability.....Current Past Never
- 14. Physical aggression towards others.....Current Past Never
- 15. Victim of physical aggression.....Current Past Never
- 16. Use of drugs/alcohol that is excessive.....Current Past Never
- 17. Use of drugs/alcohol that worries others.....Current Past Never
- 18. Hearing voices that others do not hear.....Current Past Never
- 19. Seeing things others do not see.....Current Past Never
- 20. Suicidal thoughts/attempts.....Current Past Never
- 21. Self-harm thoughts/actions.....Current Past Never
- 22. Homicidal thoughts/attempts.....Current Past Never

Please briefly describe why you are seeking services today:

List anything else you would like:_____
