Dr. Leah Farrell-Carnahan, PhD
Licensed Clinical Psychologist
Atlanta CBT, LLC
118 East Maple Street
Decatur, Georgia 30030
(404) 710-6605

Please take some time to complete this form to provide me some information about yourself and your reasons for seeking therapy services. Please bring this completed form to your intake appointment. I will likely ask you to complete additional questionnaires about specific problems you are experiencing. Taken together, in addition to the information you provide me in your intake appointment, this information will inform whether or not we are a good treatment match and if so, the elements we will include in your tailored treatment plan.

Today's Date: _____

CONTACT INFORMATION

Last Name: _____ First Name: _____

Date of Birth: _____ Age: ___ Gender: ___

Marital Status: _____

Complete Address:

_____

_____

Home phone: _____ Cell phone: _____

May I call and leave a message on all numbers listed above? Yes ☐ No ☐

Emergency Contact:

Name:_____Phone:_____Relation: _____

Occupation: _____ Employer: _____

How did you learn about Atlanta CBT, LLC?

_____

If a person referred you, may I thank them? Yes ☐ I'd prefer not ☐

Dr. Leah Farrell-Carnahan, PhD
Licensed Clinical Psychologist
Atlanta CBT, LLC
118 East Maple Street
Decatur, Georgia 30030
(404) 710-6605

REASONS FOR SEEKING SERVICES

Please describe in a few sentences your main reasons for seeking services

How do you typically cope with challenges / stress?

What are your strengths?

What are your hobbies and what do you like to do for fun?

Dr. Leah Farrell-Carnahan, PhD
Licensed Clinical Psychologist
Atlanta CBT, LLC
118 East Maple Street
Decatur, Georgia 30030
(404) 710-6605

How do you feel about coming to therapy?

_____
_____
_____
_____
_____
_____

What do you want to make sure I know?

_____
_____
_____
_____
_____
_____

What are the main things that would be different in your life if therapy is helpful?

_____
_____
_____
_____
_____
_____

Please check all of the following items that are concerns at this time:

_____ Abuse (emotional, physical, verbal, sexual, neglect)
_____ Academic or work issues
_____ Aggression/violent behavior
_____ Alcohol or drug use
_____ Anxiety, nervousness
_____ Body image
_____ Career concerns, choices
_____ Childhood issues (yours)

Dr. Leah Farrell-Carnahan, PhD
Licensed Clinical Psychologist
Atlanta CBT, LLC
118 East Maple Street
Decatur, Georgia 30030
(404) 710-6605

_____ Children/parenting concerns
_____ Compulsive behaviors
_____ Concentration, Decision making, indecision
_____ Grief issues
_____ Depression, sadness, crying
_____ Divorce, separation
_____ Eating problems
_____ Family relationships
_____ Fears, phobias
_____ Financial problems
_____ Gambling
_____ Guilt
_____ Health, medical concerns
_____ Hallucinations
_____ Identity issues
_____ Legal problems
_____ Loneliness, withdrawal, or isolation
_____ Mood swings
_____ Motivation issues
_____ Panic attack
_____ Pregnancy related concerns
_____ Repeated troubling thoughts
_____ Relationship concerns
_____ Self-injury, mutilation
_____ Self-neglect, poor self-care
_____ Sexual assault
_____ Sexual concerns
_____ Sexual orientation/identity
_____ Gender
_____ Sleep problems
_____ Stress
_____ Suicidal thoughts
_____ Violent thoughts
_____ Caregiver/multiple role stress
_____ Other, please describe:

_____
_____
_____

Dr. Leah Farrell-Carnahan, PhD
Licensed Clinical Psychologist
Atlanta CBT, LLC
118 East Maple Street
Decatur, Georgia 30030
(404) 710-6605

PREVIOUS PSYCHOLOGICAL TREATMENT

Please list all past psychological treatment, including any hospitalizations. Please include reasons, location, and timeframe.

_____
_____
_____
_____
_____
_____
_____
_____

Name and number of provider who is currently prescribing you any medications for your mood or mental health symptoms, if applicable:

_____

Please list any current psychiatric medications (with dosages) you are taking and reason they are prescribed:

_____
_____
_____

Psychiatric medications taken in the past, if applicable:

_____
_____
_____
_____
_____
_____

Dr. Leah Farrell-Carnahan, PhD
Licensed Clinical Psychologist
Atlanta CBT, LLC
118 East Maple Street
Decatur, Georgia 30030
(404) 710-6605

MEDICAL HISTORY

Please list any significant medical history (e.g., chronic conditions, accidents, major illnesses, surgeries):

_____
_____
_____
_____
_____
_____

Please list any current medical problems:

_____
_____
_____
_____
_____
_____

Other current medications:

_____
_____
_____
_____

Name of Primary Care Provider: _____

Phone Number:_____

Dr. Leah Farrell-Carnahan, PhD
Licensed Clinical Psychologist
Atlanta CBT, LLC
118 East Maple Street
Decatur, Georgia 30030
(404) 710-6605

FAMILY MEDICAL AND PSYCHIATRIC HISTORY

Are there an medical problems in family (parents, spouse/partner, children)?

yes ☐ no ☐ unsure ☐

If yes, please list: _____

Are there any emotional/psychiatric problems in family (parents, spouse/partner, children)?
yes ☐ no ☐ unsure ☐

If yes please list: _____

Familial history of suicide attempt or psychiatric hospitalization?

yes ☐ no ☐ unsure ☐

If yes please list: _____

History of alcohol/drug misuse in family?

yes ☐ no ☐ unsure ☐

If yes, please list: _____

Dr. Leah Farrell-Carnahan, PhD
Licensed Clinical Psychologist
Atlanta CBT, LLC
118 East Maple Street
Decatur, Georgia 30030
(404) 710-6605

FINANCIAL INFORMATION

_____ Name of Person Responsible for Account

_____ Street Address

_____ Home Phone

_____ Relationship to Client

_____ City State Zip

_____ Work Phone

Do you have health insurance: _____ If so, name of insurance provider:
_____