

Price Counseling Center

2920 Marietta Hwy, Ste 122
Canton, GA 30114
770-479-5501

NEW CLIENT INFORMATION & REGISTRATION CONFIDENTIAL

Please respond completely and accurately to the following items so that we might be better able to serve you. If an item does not apply to you, please place "N/A" in the space. Thank you for your time and cooperation. WELCOME TO OUR PRACTICE!

CLIENT'S NAME: _____ DATE: _____
(Last) (First) (Middle)

How would you like to receive your evaluation: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Current Age: _____ Social Security No: _____

Marital Status: _____ How Long? _____ Race: _____

Client's Nearest Relative (in case of emergency):

Name: _____ Relation: _____

Address: _____

Home Phone: _____ Work Phone: _____

Please list the names **and** ages of any children or other persons residing in client's household:

Probation Officer: _____ Phone No. _____

Address: _____ City _____ State _____ Zip _____

Attorney: _____ Phone No: _____

Address: _____ City _____ State _____ Zip _____

DFCS Caseworker: _____ Phone No. _____

**The Price Counseling Center
Anger Questionnaire**

VIOLENCE SURVEY (You need to know your pattern of abuse, how it affected your partner/children, and how she/he/they are still affected). - - a bargaining process with this denial. **DO YOU....** (Please circle yes or no)

- | | | |
|-----|----|---|
| Yes | No | 1. discuss issues calmly? |
| Yes | No | 2. refuse to talk, sulk, withdraw affection? |
| Yes | No | 3. stomp or storm out? |
| Yes | No | 4. yell, scream, raise your voice? |
| Yes | No | 5. criticize or put him/her down or swear at him/her? |
| Yes | No | 6. call him/her names - what names? |
| Yes | No | 7. verbally pressure him/her to have sex? What do you do when he/she doesn't want to have sex? |
| Yes | No | 8. threaten to leave the relationship? |
| Yes | No | 9. threaten to take the children? |
| Yes | No | 10. threaten to withhold his/her money? |
| Yes | No | 11. threaten to have an affair? Do you use prostitutes, strip show/bars, pornography (videos/magazines)? |
| Yes | No | 12. prevent him/her from leaving or seeing certain people? |
| Yes | No | 13. interrupt his/her sleeping or eating? |
| Yes | No | 14. use gestures? (finger pointing, shaking fist) |
| Yes | No | 15. drive recklessly to frighten? Is he/she afraid when you drive? |
| Yes | No | 16. ask about alcohol and drugs and about DUI's? |
| Yes | No | 17. direct anger at or threaten children? Does he/she feel you are too harsh with them? |
| Yes | No | 18. direct anger at or threaten pets? Does he/she feel you are too harsh with them? |
| Yes | No | 19. throw something at him/her? at anyone else? |
| Yes | No | 20. push, shove, restrain, grab, carry, wrestle? |
| Yes | No | 21. slap, spank the other? |
| Yes | No | 22. bite or scratch the other? |
| Yes | No | 23. throw the other bodily? |
| Yes | No | 24. choke or strangle the other? |
| Yes | No | 25. physically force sex on any woman/man? What do you do when he/she resists? |
| Yes | No | 26. punch or kick the other? |
| Yes | No | 27. burn the other? |
| Yes | No | 28. kick or punch the other in stomach when pregnant? |
| Yes | No | 29. beat the other unconscious? |
| Yes | No | 30. threaten to shoot him/her, to kill him/her, to tell him/her you could kill him/her? |
| Yes | No | 31. think of killing him/her; make a plan? |
| Yes | No | 32. use any weapon against partner? |
| Yes | No | 33. threaten suicide? |
| Yes | No | 34. threaten to kill anyone else? |
| Yes | No | 35. plans for either suicide or murder? |
| Yes | No | 36. do you have a weapon/firearms in home? |
| Yes | No | 37. any other abuse we didn't cover? |
| Yes | No | 38. Growing up, did anyone ever touch you in a manner you consider inappropriate? |
| Yes | No | 39. Have you ever attacked someone or been attacked, either verbally or physically, because of race, class, or supposed sexual orientation? |
| Yes | No | 40. Have you ever sexually harassed someone you work with? |
| Yes | No | 41. Have you, individually or with other men, ever whistled, made sexually suggestive or threatening remarks or gestures toward a woman or women in the street? |
| Yes | No | 42. Has anyone, including you, ever been concerned about your use of alcohol or drugs? |
| Yes | No | 43. Who disciplines the children in your home? _____ |
| Yes | No | 44. Have you been involved in several long term relationships ... which ended uncomfortably? |

- Yes No 45. Are you happy with your employment?
- Yes No 46. Have you changed jobs, two or more times in the past 3 years?
- Yes No 47. Do you only think of yourself as a good listener?
- Yes No 48. Do you feel misunderstood by your significant other?
- Yes No 49. Have you gone for months or years without speaking to a significant member of your family (mother, siblings, etc).?
- Yes No 50. Have you ever been reprimanded on the job for your handling of your temper?
- Yes No 51. Have you lost a job because of a verbal or physical altercation on the job or related to the job?
- Yes No 52. Do you feel appreciated by your significant other?
- Yes No 53. Have the police ever been called to your home for a domestic violence dispute?
- Yes No 54. Have you ever been arrested after a domestic dispute?
- Yes No 55. Have you and your significant other separated more than twice over the past three years?
- Yes No 56. Have you engaged in verbal altercations with your significant other?
- Yes No 57. Do you feel pressured by your significant other?
- Yes No 58. Do you feel that you are under a significant amount of stress in your life?
- Yes No 60. Do verbal altercations happen more after alcohol use?
- Yes No 62. Do you restrain or physically move?
- Yes No 63. Have you ever had to apologize to family and friends because of angry outbursts?
- Yes No 64. Do you feel guilty about your temper?
- Yes No 65. Has anyone ever said that you have a bad temper?
- Yes No 66. Do you ever cuss, or make physical gestures in traffic?
- Yes No 67. Do you feel angry much of the time?
- Yes No 68. Are you always able to listen to critical feedback without blowing up?
- Yes No 69. If your significant other blows up, do you blow up too?
- Yes No 70. If your significant other puts hands on you, are you more likely to hit, push back, etc.?
- Yes No 71. Have you ever left your home squealing tires or without explanation in the middle or just after an angry altercation?
- Yes No 72. Do you feel like you are the victim in the angry situation in question?
- Yes No 73. Do you feel railroaded by the "legal system"?
- Yes No 74. Can you always accept responsibility for your behavior despite what the other person did?
- Yes No 75. Are you always able to change your behavior?
- Yes No 78. Do you ever feel depressed?
- Yes No 79. Do you feel that you have tried 100% in your relationship?
- Yes No 80. Do you feel that your efforts in the relationship have been reciprocated?
- Yes No 81. Do you find yourself in relationships where you give 110% and don't get ever close to that much back?
- Yes No 82. Is it easy to get close to you?
- Yes No 83. Do you ever feel like you have "walls up" in relationships?
- Yes No 84. Has anyone ever told you that it's hard to get close to you?
- Yes No 85. Do you feel bad about your angry outbursts?

***I understand that evaluations and counseling as part of a court ordered, court referred, or probationary program are not covered under insurance and the balance due is my responsibility to pay at the time of service.

*** I also understand that this evaluation is only valid for six months. If treatment is recommended, I must begin and complete treatment before six months of the date of my evaluation, or sooner if required by the court, counselor, or probation officer.

Client Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I have agreed to allow Price Counseling Center to engage in verbal contact with the victim and/or victim's advocate in my case and my graduation and treatment will depend on the progress I have made with regard to no contact or appropriate contact with this victim.

I understand that I am being referred to an introductory counseling program as part of my probation or legal situation. This program does not claim to treat underlying psychological problems or severe depression. If I have other issues, it is my responsibility to talk with my therapist about them and an additional program will be outlined for me.

Patient Signature: _____

Date: _____

Confidentiality- It is possible that you may see someone you know in the office or in a group session. We ask that you honor their confidentiality as they will honor yours.

CONTRACT FOR NON-VIOLENT BEHAVIOR

I agree to refrain from all violent behaviors, both physical and emotional, on the Violent Behavior List. If my partner, who I have abused, chooses to leave, I will honor my partner's boundaries and wishes regarding contact and financial obligations. If my partner requests that I leave, I will leave without violence or delay. I will not attempt to force or persuade my partner to return to the relationship. I will continue to financially provide for any children involved regardless of the status of the relationship.

Client's Signature: _____

Date: _____

APPOINTMENTS AND CANCELLATIONS

Our appointments are generally 30-50 minutes. It is not our policy to "double book" appointments so my time is exclusively committed to your appointment. When an appointment is missed, our schedule is seriously disrupted as I am unable to make this time available to other clients. For this reason I require that you give me 24 hours notice of your intent to cancel or reschedule an appointment. **If you cancel an appointment without 24 hours notice, or if you miss an appointment, you will be charged for the session.** These charges are not covered by insurance and are due at the next scheduled appointment, or within two weeks of the cancellation. My signature below indicates that I have read and understand the information regarding appointments and cancellations. If you elect to pay by credit card, if the credit card is not in your name, we reserve the right to communicate with the owner of the credit card for matters of finance only.

Client's Signature

Date

THE PRICE COUNSELING CENTER

Grace Riley Price, L.C.S.W.

RELEASE OF INFORMATION

NAME OF PATIENT: _____

The Price Counseling Center is hereby authorized to release to and/or receive from:

Name: _____

Address: _____

Phone Number: _____

the following documents and/or information (please initial all that apply):

Notification of Initial Contact	_____
General Treatment Information	_____
Periodic Progress and Evaluation Reports	_____
Attendance Reports	_____
Other: _____	_____

I hereby release The Price Counseling Center from any and all liabilities, responsibilities, damages and claims which might arise from the release of the information authorized above. I acknowledge that this consent is valid for 6 months. I further understand that I can withdraw this consent for release of information at any time prior to the expiration date by giving written notice to The Price Counseling Center.

Patient's Signature: _____ Date _____

Patient's Representative: _____ Date _____

Witnessed: _____ Date _____

NOTICE TO RECEIVING AGENCY OR INDIVIDUAL

This information has been disclosed to you from records whose confidentiality is protected by federal law (42 CFR Part 2/37 CFR 1401) and in compliance with Section 408 of Public Law 92-255 (21 USC 1175). You are prohibited from making any further disclosure without specific written consent of the person to whom it pertains or as otherwise permitted by such regulations.