

CLIENT QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Is it okay to leave a discreet message \_\_\_yes \_\_\_no

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Level of education completed \_\_\_\_\_ In school now? \_\_\_\_\_ yes \_\_\_\_\_ no

Employed: \_\_\_ Full time \_\_\_ Part time \_\_\_ No Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Is it okay to leave a discreet message \_\_\_ yes \_\_\_ no

Health Insurance Carrier \_\_\_\_\_ SSN \_\_\_\_\_ (if planning to use Ins.)

Local person to notify in case of emergency \_\_\_\_\_

Relationship to you \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Who lived in your household with you when you were growing up?

<u>Name</u>	<u>Relationship</u>	<u>Education</u>	<u>Occupation</u>	<u>Current Age</u>	<u>Deceased?</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Who lives with you now?

<u>Name</u>	<u>Relationship</u>	<u>Occupation</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently: \_\_\_ single \_\_\_ dating regularly \_\_\_ married/partnered \_\_\_ divorced/separated \_\_\_ widowed

Describe any illnesses, accidents, or other events that you believe have had a significant impact in your life. Give approximate age(s) or date(s) of occurrence:

What nonpsychiatric prescription drugs do you use, and what is their purpose? \_\_\_\_\_  
\_\_\_\_\_.

How much alcohol do you use, and how often do you usually use it? \_\_\_\_\_  
\_\_\_\_\_. Do you use nicotine? \_\_\_\_\_.

What other recreational drugs do you use and how often do you usually use them? \_\_\_\_\_  
\_\_\_\_\_.

How do you see your eating habits as related to your physical/emotional health? \_\_\_\_\_  
\_\_\_\_\_.

With whom have you ever been in counseling/therapy, when, and for how long? \_\_\_\_\_  
\_\_\_\_\_.

Are you currently in therapy and if so, with whom? \_\_\_\_\_.

What psychotropic medication(s) do you take, if any, and for what purpose? \_\_\_\_\_  
\_\_\_\_\_.

Name & address of prescribing physician: \_\_\_\_\_.

Have you ever had a psychiatric hospitalization? \_\_\_\_\_. (if yes) date(s) \_\_\_\_\_.

Reason(s) for psychiatric hospitalization \_\_\_\_\_.

What leads you to seek counseling/therapy at this time?

Are any of your issues related to your \_\_\_\_\_ sexual functioning, \_\_\_\_\_ sexual orientation, \_\_\_\_\_ gender identity?

How would you describe your religious or spiritual belief system, if any \_\_\_\_\_.

Is there anything else you think it is important for me to know?

Who referred you to me? \_\_\_\_\_ May I acknowledge the referral? \_\_\_\_\_.

**Please read carefully the Psychotherapist-Client Services Agreement. Please sign the Consent for Treatment form (below) indicating that you have read and understand this information. Please let me know when we meet if you have any questions or concerns about what you have read. Thank you!**

**Virginia Erhardt, Ph.D.**  
Licensed Clinical Psychologist  
315 W. Ponce de Leon Ave., Suite 1051 Decatur, GA 30030  
404.235.1178 [DrVERhardt@aol.com](mailto:DrVERhardt@aol.com)

### **Summary of Business Policies to print & keep**

- Except when you have been notified that I will be out of town or otherwise unavailable, I will make every effort to return calls within 24 hours, barring personal emergency.
- If you are concerned that you cannot wait for me to return your call, please contact your family physician or the emergency room at the nearest hospital, asking for the mental health professional on call, or call the Georgia Crisis Hot Line at **866.821.0465**.
- Sessions are 45 minutes, unless a different duration has been arranged. This includes time spent paying fees, setting up future appointments, etc.
- My fee is **\$130** for each 45 minute session. Fees are payable at the beginning or end of each session. You may pay in advance for a number of sessions, but may not miss payments unless this is specifically arranged ahead of time. In the office you may pay by check or cash. **If you find it preferable to pay by credit card, this must be arranged in advance of the session.** I only accept credit cards over the internet via PayPal, and if you request it at least 48 hours in advance of a session, I will send you a statement, payable upon receipt. There is an additional \$5.00 fee for use of PayPal.
- Occasionally phone sessions can be arranged. The fee for phone sessions is **\$135**. If you use PayPay, you will be billed \$140.
- My fee will be charged, on a prorated basis, for any other professional service you may require outside our sessions. This includes, but is not limited to report or letter writing, telephone conversations that last longer than 5 minutes, material you give me to read, consulting with your other practitioners, and preparation of records or treatment summaries.
- Once an appointment is scheduled, you will be expected to pay for it in full, unless you provide **24 hours advance notice of cancellation/rescheduling**. Cancellations must be made **by phone**, not email, and **Monday appointments must be cancelled by 3 pm on Friday**. I require **48 hours advance notice of cancellation/rescheduling for extended sessions (70 min. or more.)**

Please note: Most insurance companies will not reimburse you for missed sessions.

**Please print and keep this Summary of Business Practices for your information  
and sign and return to me the consent form on the next page.**

**THANK YOU.**

**Virginia Erhardt, Ph.D.**

Licensed Clinical Psychologist

315 W. Ponce de Leon Ave., Suite 1051 Decatur, GA 30030

404.235.1178

[DrVERhardt@aol.com](mailto:DrVERhardt@aol.com)

## **CONSENT FOR TREATMENT**

I have read and understand the Psychotherapist-Client Agreement and the HIPAA notices provided, and understand that I can request a paper copy of either or both documents. I agree that, during our professional relationship, I will abide by the terms of this agreement and the business policies provided to me.

(Please sign your **legal name** and print it below)

Signed \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name

