

# Christopher Cobb

## Licensed Professional Counselor

11205 Alpharetta Highway, Suite G-2, Roswell, Georgia 30076  
 Phone: 770.335.8084 Fax: 404.228.7769

### General Information Worksheet

Please complete this **General Information Worksheet** to the best of your ability. This information is held in strict confidence (see **Informed Consent** for details). If you have questions regarding any topic on this Worksheet, please ask them in our initial session.

#### Basic Information:

<b>Name:</b>			
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Private E-mail Address (For personal contact and office use only):</b>			
<b>Best Day Phone Number:</b>		<b>Permission to leave voice mail? Y / N</b>	
<b>Best Evening Phone Number:</b>		<b>Permission to leave voice mail? Y / N</b>	
<b>Emergency Contact Information:</b> Address (if different from above):		<b>Name:</b>	
		<b>Relationship:</b>	
		<b>Best Phone Number:</b>	
		<b>Alternative Phone Number:</b>	

<b>Your Personal Physician (optional):</b>	<b>Name:</b>
	<b>Specialty:</b>
	<b>Last Visit:</b>

**Presentation:**

Why are you here today?

Are you in a major or severe crisis at this moment?  
Please explain.

**Please identify all of the topics that are issues with you at this time:**

Anxiety	"Lost at sea"	Worthlessness	Anger	Marriage
Depression	Grieving	Inferiority	Sad	Children
Fear	Hopelessness	Low self esteem	Resentful	Parents
Nervousness	Helplessness	Sexual issues	Alcohol	In laws
Loneliness	Self doubt	Religious issues	Drugs	Friends
Isolation	Self sabotage	Loss of meaning	Addictions	Codependent
Guilt	Self abuse	Violent behavior	Relapse	Spirituality

**Other topics of concern (Please list):**

Do you have active Legal Issues? Please explain.

Historic legal issues? Briefly explain.

Do you currently have suicidal thoughts? Yes / No  
If so, do you have a plan? Please explain.

Have you attempted suicide in the past? Yes / No Approx number:

Do you currently have homicidal thoughts? Yes / No

If so, against whom?

If so, do you have a plan? Please explain.

**I believe my physical condition is...**

Poor	Fair	Average	Good	Excellent
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**I believe my emotional condition is...**

Poor	Fair	Average	Good	Excellent
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**I believe my spiritual condition is...**

Poor	Fair	Average	Good	Excellent
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<b>Previous therapy history:</b>		<b>When?</b>	<b>Reason?</b>
Therapist:			
Therapist:			
Therapist:			

<b>Your date of birth:</b>			
<b>Your birthplace:</b>			
<b>Marital status</b> (circle one):	Single	Married	Separated
	Divorced		Widow(er)
			Total number of marriages:

**Referral Information:**

<b>How did you find me?</b>	<b>Referred by:</b>		
<b>Counseling center or psychiatric referrals:</b>	MARR	First Pres (Samaritan)	Other Source:
	Peachtree Presbyterian	Ridgeview Institute	

**Comments and further explanations:**

## **Psychosocial and Family History:**

Please tell me about your history with family and friends. This information will assist me in developing your "bigger picture" and will facilitate our therapy. For each period of your life, please provide some details about your parents, siblings, traumatic and other significant events (good or bad) within your family, and traumatic and other significant events (good or bad) with you.

### **Birth to Five:**

### **Six to Twelve:**

### **Thirteen to Eighteen:**

### **Nineteen to Thirty:**

### **Since Thirty:**