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Personal Information

Date _____

Name (Last) _____ (First) _____ (MI) _____

Street Address _____

City _____ State ____ Zip _____ Email _____

Phone Home (____) _____ Work (____) _____ Cell/Other (____) _____

SS Number _____ Gender (F)___ (M)___ Birth Date _____ Marital Status _____

Occupation _____ Employer _____

Street Address _____

City _____ State ____ Zip _____ Email _____

Emergency Contact: Name _____ Relationship _____

Street Address _____

City _____ State ____ Zip _____ Phone Number (____) _____

Spouse or Partner's Name _____ Occupation _____

Children (list names and ages) _____

Mother's Name _____ Age _____ Most Recent Occupation _____

Father's Name _____ Age _____ Most Recent Occupation _____

Sisters and Brothers (list name, age, and occupation for all) _____

What is causing you to seek psychotherapy at this time? _____

Have you had previous counseling or psychotherapy? If so, when, where and with whom?

Primary Insurance Information

Company Name _____ Subscriber _____
Street Address of Insurance Company _____
City _____ State _____ Zip _____ Email _____
Phone (____) _____ Policy Begin Date _____ Policy End Date _____
Group # _____ Policy # _____ ID # _____

Secondary Insurance Information

Company Name _____ Subscriber _____
Street Address of Insurance Company _____
City _____ State _____ Zip _____ Email _____
Phone (____) _____ Policy Begin Date _____ Policy End Date _____
Group # _____ Policy # _____ ID # _____

Medication Information

Please list all psychiatric medications that you are currently taking.

Name _____ Dose _____ How often? _____

Name _____ Dose _____ How often? _____

Name _____ Dose _____ How often? _____

Name _____ Dose _____ How often? _____

Physician who prescribes your psych meds: _____ Phone: _____

Allergies: _____

Physical Problems: _____

Signatures

Please note that there are two places below for you to sign. The first indicates that you were given or shown a copy of the "Georgia Notice Form" (HIPAA privacy policy). The second indicates that you have read the "Client Services Agreement" and agree to its terms.

Printed name

I was given or shown a copy of the Georgia Notice Form:

Signature

Date

I have read Client Services Agreement and agree to its terms:

Signature

Date