



Angela Hunnicutt, Ph.D., HSPP, CPC
9247 N. Meridian St., Ste. 104
Indianapolis, IN 46260
(317) 815-6030
Fax: (317) 815-6031
www.psychotherapyandlifecoaching.com

Initial Session for an Adult

Name: _____ Gender: M / F Age: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

May I send information to this address? Y / N May I call/leave messages at this number? Y / N

E-mail: _____

May I add you to my mailing list? Y / N

Occupation: _____ Employer: _____

Work Phone: _____ Cell Phone: _____ May I call/leave messages at these numbers? Y / N

Highest level of education: _____

Spouse's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Who referred you to Dr. Hunnicutt? _____

May Dr. Hunnicutt communicate with your referral source to let them know you have followed up on the recommendation for services? If so, please sign below.

Client or Parent/Guardian Signature

Date

Angela Hunnicutt, Ph.D., HSPP

Date

Please list the reason(s) for making this appointment at this time _____

Have you had any previous therapy? Y / N
If yes, please list providers and dates of treatment _____

Primary Physician: _____ Date of last visit: _____
Please list any significant health problems/allergies _____

Please list any medications, with dosages, you are taking _____

Last tobacco use and frequency _____
Last illegal drug use and frequency _____
Last alcohol use and frequency _____

Circle any of the following that you experience at least once per week:

- | | | |
|-----------------------------|---------------------------|-----------------------------|
| Poor appetite | Headaches | Difficulty paying attention |
| Overeating | Stomachaches | Not seeming to listen |
| Difficulty falling asleep | Sore muscles | Being easily distracted |
| Wanting to sleep a lot | Difficulty breathing | Losing things |
| Fatigue | Heart racing | Failing to finish tasks |
| Difficulty concentrating | Dry mouth | Making careless mistakes |
| Forgetting things | Tightness in jaw | Being disorganized |
| Difficulty making decisions | Teeth grinding | Avoiding tasks |
| Sadness | Shakiness | Being fidgety |
| Loss of interest in things | Chest tightness or pain | Restlessness |
| Crying easily | Blushing | Difficulty staying seated |
| Feeling worthless | Sweaty palms | Difficulty staying quiet |
| Easily annoyed/irritated | Difficulty staying asleep | Continuously on the go |
| Anger outbursts | Dizziness/faintness | Talkative |
| Feelings of guilt | Worrying/stewing | Being impatient |
| Hopelessness | Feeling fearful | Interrupting |
| Thoughts of death | Feeling tense or nervous | Racing thoughts |
| Thoughts of harm to self | Feelings of guilt | Obsessive thoughts |
| Thoughts of harm to others | Bad dreams | |

Anything else I should know about you (e.g. personality traits, religious affiliation, major life events)? _____
