

Price Counseling Center

2920 Marietta Hwy, Ste 132
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 (circle one): **MAIL** **EMAIL** **PICK UP**

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

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

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

Mental Health America

Novaco Anger Scale

Answer the following questions using the number guide below write:

0 if you would feel little or no annoyance

1 if you would feel a little irritated

2 if you would feel moderately upset

3 if you feel quite angry

4 if you would feel very angry

- _____ 1. You unpack an appliance that you just bought, plug it in and discover that it doesn't work
- _____ 2. Being overcharged by a repairman who helped you out of a bind
- _____ 3. Being singled out for correction when others go unnoticed
- _____ 4. Getting your car stuck in the mud or snow
- _____ 5. You are talking to someone and they don't answer
- _____ 6. Someone pretends to be something you're not
- _____ 7. While you are struggling to carry four cups of coffee to your table at the cafeteria, someone bumps into you, spilling the coffee
- _____ 8. You hung up your coat but someone knocks it to the floor and doesn't pick it up
- _____ 9. You are hounded by salesperson from the moment you walk in the store
- _____ 10. You made plans to go somewhere with a friend who backs out at the last minute leaving you hanging
- _____ 11. Being joked about or teased
- _____ 12. You accidentally make a wrong turn in the parking lot. As you get out of your car someone yells at saying "Where did you learn how to drive"?
- _____ 13. Your car stalls at a traffic light and the guy behind you keeps blowing his horn
- _____ 14. You are trying to concentrate but a person near you is tapping their foot
- _____ 15. Someone makes a mistake and blames it on you
- _____ 16. You lend someone an important book or tool and they don't return it

- _____ 17. You have had a busy day, and your roommate or spouse starts complaining about how you forgot to stop at the store
- _____ 18. You are trying to discuss something important with a friend or relative who isn't giving you a chance to express your feelings
- _____ 19. You are in a discussion with someone who persists in arguing about a topic they know very little about
- _____ 20. Someone sticks his/her nose into an argument between you and another person
- _____ 21. You're already late and the car in front of you is going 25 mph in 40 mph zone and you can't pass
- _____ 22. You step on a glob of chewing gum
- _____ 23. You're mocked by small group of people as you pass them
- _____ 24. In a hurry to get somewhere, you tear your favorite pair of pants
- _____ 25. You use your last quarter to make a phone call, but you are disconnected before you finish dialing and the quarter is not returned

MY SCORE IS:

To determine your score, add up the numbers you wrote in response to the 25 statements. You can interpret your total score according to the following guidelines:

0 – 45: The amount of anger and frustration you generally experience is remarkably low. Only small percentage of the population will score this low on a test. You might want to examine whether you were honest with your answers and the possibility that you deny angry feelings.

46 – 55: You are substantially more peaceful than the average person.

56 – 75: You respond to life's annoyances with an average amount of anger

76 – 85: You frequently react in an angry way to life's many frustrations. You are substantially more irritable than the average person.

86 – 100: You are plagued by frequent intense furious reactions that do not quickly disappear. You probably harbor negative feelings long after the initial insult has passed. You may experience frequent tensions headaches and elevated blood pressure. Your anger may often get out of control and lead to impulsive hostile outbursts, which at times get you into trouble.

Client Signature

Date

ADDITIONAL STATEMENTS

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.

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 speak to my therapist about them and an additional program will be outlined for me.

Client 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 Signature

Date

THE PRICE COUNSELING CENTER

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RELEASE OF INFORMATION

NAME OF PATIENT: _____

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

Name: _____

Contact Information (address, email, etc.): _____

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.