

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, I.C.S.W.

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.

Brief Spielburger Anger Expression Scale (AEX)

Directions: Read each statement and use the scale provided to indicate how often you feel or act in the manner described. There are no right or wrong answers. Do not spend too much time on any one statement. For each item, write response that **best** describes how you **generally** act or feel when you are **angry** beside the question number. Answers range from 1-4.

Almost Never	Sometimes	Often	Almost Always
1	2	3	4

When I am angry....

- _____ 1) I control my anger
- _____ 2) I express my anger
- _____ 3) I keep things in
- _____ 4) I make threats I don't really mean to carry out
- _____ 5) I withdraw from people
- _____ 6) I make sarcastic remarks to others
- _____ 7) I do things like slam doors
- _____ 8) I boil inside, but I don't show it
- _____ 9) I argue with others
- _____ 10) I tend to harbor grudges that I don't tell anyone about
- _____ 11) I strike out at whatever infuriates me
- _____ 12) I am secretly quite critical of others
- _____ 13) I calm down faster than most people
- _____ 14) I say nasty things
- _____ 15) I lose my temper

Brief Sukhodolsky Anger Rumination Scale

Directions: Please read each statement and write the number that best describes yourself a your responses beside it. Use the key above to score your answers from 1 to 4.

- _____ 1) I ruminate about my past anger experiences.
- _____ 2) I ponder about the injustices that have been done to me.
- _____ 3) I keep thinking about events that angered me for a long time.
- _____ 4) I have long-living fantasies of revenge after the conflict is over.
- _____ 5) I think about certain events from a long time ago and they still make me angry.
- _____ 6) I have difficulty forgiving people who have hurt me.
- _____ 7) After an argument is over, I keep fighting with this person in my imagination.
- _____ 8) Memories of being aggravated pop up into my mind before I fall asleep.
- _____ 9) I have daydreams and fantasies of a violent nature.
- _____ 10) I feel angry about certain things in my life.
- _____ 11) When someone makes me angry, I can't stop thinking about how to get back at this person.
- _____ 12) Memories of even minor annoyances bother me for a while.

Paulhus BIDR

- _____ 1. My first impressions of people turn out to be right.
- _____ 2. It would be hard for me to break any of my bad habits.
- _____ 3. I don't care to know what other people really think of me.
- _____ 4. I have not been honest with myself.
- _____ 5. I always know why I like things.
- _____ 6. I am not a safe driver when I exceed the speed limit.
- _____ 7. I am fully in control of my own fate.
- _____ 8. It's hard for me to shut off a disturbing thought.
- _____ 9. I never regret my decisions.
- _____ 10. My parents were not fair when they punished me.
- _____ 11. I am a completely rational person.
- _____ 12. I have a hard time with criticism.
- _____ 13. I am very confident of my judgments.
- _____ 14. I have doubted my ability as a lover.
- _____ 15. It's all right with me if some people happen to dislike me.
- _____ 16. I don't know the reasons why I do the things I do.

Part 2

- _____ 1. I tell lies if I have to.
- _____ 2. I own up to my mistakes.
- _____ 3. There have been occasions when I have taken advantage of someone.
- _____ 4. I never swear.
- _____ 5. I have tried to get even rather than forgive and forget.
- _____ 6. I always obey laws, even if I'm unlikely to get caught.
- _____ 7. I have said something bad about a friend behind his or her back.
- _____ 8. When I hear people talking privately, I avoid listening.
- _____ 9. When I was young I stole things.
- _____ 10. I make sure to never litter on the street.
- _____ 11. I drive faster than the speed limit.
- _____ 12. I never read sexy books or magazines.
- _____ 13. I have done things that I don't tell other people about.
- _____ 14. I never take things that don't belong to me.
- _____ 15. I have taken sick-leave from work or school even though I wasn't really sick.
- _____ 16. I don't gossip about other people's business.

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