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New Patient Information Form

Name: _____ Please call me: _____ Date: _____

Birthday: _____ Age _____ Gender: _____ Marital Status: _____

Street Address: _____

Phone number(s): _____ OK to leave a message? _____

Email Address: _____ (optional) Preferred contact? _____

Emergency Contact Person & information _____

Relationship to you? _____

Will you be using insurance? _____

Have you ever been given a Mental Health Diagnosis? If so, what was it? _____

Please list any prior mental health providers and/or facilities:

Please list any Current relevant treating physicians (e.g. Primary care MD/PA/NP, psychiatrist, specialist for medical condition which affects presenting problem)

Please list any medications (prescription or Over-the-counter) or herbal supplements you take; list purpose, dose, frequency if you know them:

What is your primary reason for seeking help at this time?

Please circle if any of these issues have been a problem/concern now or in the past:

Issue	Current/ Past	Severity	Issue	Current/ Past	Severity
Abuse (Physical, Emotional, Sexual)	C P	L M H	Impulsivity	C P	L M H
Academic or Work Problems	C P	L M H	Legal Action or school/work discipline	C P	L M H
Addictive/Compulsive Behaviors (e.g. gambling, gaming, spending, etc)	C P	L M H	Mania/Hypomania	C P	L M H
Alcohol use	C P	L M H	Medical Illness/Injury	C P	L M H
Anger	C P	L M H	Relationship Problems (family, friends, peers, romantic, etc)	C P	L M H
Anxiety	C P	L M H	Self-injury	C P	L M H
Assault	C P	L M H	Sexual Preference concerns	C P	L M H
Attention problems	C P	L M H	Sleep difficulty	C P	L M H
Body Image	C P	L M H	Suicidal Ideation	C P	L M H
Death of someone close to you	C P	L M H	Suicide attempt	C P	L M H
Depression	C P	L M H	Other trauma (major accident, natural disaster, combat, victim/witness to crime, etc.)	C P	L M H
Domestic Violence	C P	L M H	Unusual thoughts/perceptions	C P	L M H
Drug use (unprescribed/misuse of drugs or medications)	C P	L M H	Workplace stress	C P	L M H
Eating problems (restriction, bingeing, purging)	C P	L M H	Violent behavior/thoughts	C P	L M H
Family Conflict	C P	L M H	Other:	C P	L M H
Gender Identity concerns	C P	L M H	Other:	C P	L M H

Who do you consider members of your current family?

Name	Age (d=deceased)	Relationship to you	Living with you currently?
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Who do you consider members of your childhood family?

Name	Age (d=deceased)	Relationship to you	Lived with you?
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Have any of your family members had a mental health issue/diagnosis? If so, please