

Suzann Lawry, Ph.D.

Licensed Clinical Psychologist

Client Information

Name: _____ Date of Birth: _____

Address: _____

Phone Numbers:

Daytime: _____ Is it okay to leave messages? Y or N

Evening: _____ Is it okay to leave messages? Y or N

Cell/Pager: _____ Is it okay to leave messages? Y or N

In case of emergency, whom shall I contact locally?

Name: _____

Phone Number: _____

May I thank the person who gave you my name? Y or N

Name: _____

Address: _____

Phone Number: _____

This office does not directly bill insurance; however, if you need a bill to submit to your own insurance company for reimbursement, please include the following:

Name of Insured _____ Birth date of Insured _____

Insurance Company _____ Insurance # _____

Address _____ Grp # _____

*We will file for BCBS **PPO**

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What brings you to therapy today? _____

Have you ever been in therapy before? (if yes, describe when, how long, and why)

Are you currently taking any medications or are you under any other type of treatment?

Describe briefly your current family or primary relationship.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>What are they like/How do you get along?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe briefly, your childhood family.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>What are they like/How do you get along?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____