

Personal/Family History

Please fill out completely.

Your Name _____ Date _____

(Please fill out completely with **your** information):

- | | | |
|--|------------|-----------|
| 1. Do you have a history of harmful or violent behavior? | Yes | No |
| 2. Does anyone in your family have a history of harmful or violent behavior? | Yes | No |
| 3. Do you have a history of abuse of alcohol or drugs? | Yes | No |
| 4. Does anyone in your family have a history of abuse of alcohol or drugs? | Yes | No |
| 5. Do you have a current suicidal ideation? | Yes | No |
| 6. Does anyone in your family have a history of suicidal ideations? | Yes | No |
| 7. Are there any known or suspected incidences for child/spousal abuse? | Yes | No |

Any requests for statements, affidavits, subpoenas needed for family court, etc, are subject to Clergy Privilege and will be reviewed by Dr. Ransom on a case by case basis. According to Georgia Mental Health and Developmental Disabilities Confidentiality Act, subpoenas for any client records need only be answered if sent from a judge's office, not a lawyer. Thanks
Please initial below indicating that you understand this policy.

(Initial)

(Date)

Regarding requests by clients to appear in court as a professional witness, please be advised that most of the time, the court will not recognize the counselor's testimony due to hearsay. Please initial below indicating that you understand this policy.

(Initial)

(Date)