

Blue Rose Christian Counseling
12002 Warfield, Suite 208
San Antonio, Texas 78216

Karen Bagwell, MA, LPC
Phone (210) 264-2565

CLIENT INFORMATION FORM

Full Name _____ Date _____
Birthdate _____ Age _____ Cell phone # _____
Physical Address _____ City _____ Zip _____
Email Address _____

INFORMATION OF FINANCIALLY RESPONSIBLE PERSON IF DIFFERENT FROM ABOVE

Name _____ Cell phone # _____
Address _____ City _____ Zip _____
Email Address _____

Relationship Status: Single Married Widowed Divorced

Children(Name/Age) _____

Please describe the reason(s) for counseling _____

What are your counseling goals _____

Highest Level of Education/Vocational Training _____

Occupation _____ Military Experience: No Yes (How

Long) _____ Legal Problems: No Yes

(Explain) _____

Religion _____ Church _____ Currently Attending: Yes No

Who would you consider to be a part of your support system? _____

Have you ever felt you ought to cut down on your drinking or drug use? No Yes N/A

Have people annoyed you by criticizing your drinking or drug use? No Yes N/A

Have you ever felt bad or guilty about your drinking or drug use? No Yes N/A

Have you ever had a drink or used drugs first thing in the morning to steady your
nerves? No Yes N/A

MEDICAL HISTORY

Illnesses/Conditions/Surgeries (Age of Occurrence)_____

Medications (Name/Dosage/Reason)_____

Any physical conditions that require medical attention? No Yes (Explain)_____

PSYCHIATRIC HISTORY

Have you been in counseling before? No Yes (Age/Reason)_____

Have you ever been hospitalized for mental health reasons? No Yes (When/Reason)_____

Have you attempted suicide in the past? No Yes (Explain)_____

Are you suicidal? No Yes (Explain) _____

Are you homicidal? No Yes (Explain)_____

FAMILY PSYCHIATRIC HISTORY

Siblings:_____

Father & His Relatives

Mother & Her Relatives

Would you like to add additional information_____

HOW DID YOU HEAR ABOUT BlueRoseCC

EMERGENCY CONTACT

Name_____Relationship_____phone_____