

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

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

### INFORMATION FORM

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Birthdate \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

### INFORMATION OF FINANCIALLY RESPONSIBLE PERSON IF DIFFERENT FROM ABOVE

Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

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 (When/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

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Mother & Her Relatives

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Would you like to add any additional information\_\_\_\_\_

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**HOW DID YOU HEAR ABOUT BlueRoseCC**

**EMERGENCY CONTACT**

Name\_\_\_\_\_ Relationship\_\_\_\_\_ phone\_\_\_\_\_

**SIGNATURE OF CLIENT**

\_\_\_\_\_  
Date \_\_\_\_\_