

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) \_\_\_\_\_

(Over)

PSYCHIATRIC HISTORY

Have you been in counseling before?  No  Yes (When/Reason) \_\_\_\_\_

\_\_\_\_\_

Have you ever been hospitalized for mental health reasons?  No  Yes (When/Where) \_\_\_\_\_

\_\_\_\_\_

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 any additional information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOW DID YOU HEAR ABOUT BlueRoseCC?

\_\_\_\_\_

Emergency Contact

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