

Pamela J. Bolen Counseling

6222 Colleyville Boulevard Suite A, Colleyville, TX 76034
817-416-5867

Client Information:

Date: _____ Name: _____

Home Phone: _____

Work phone: _____ Cell phone: _____

Please indicate by checking where we may leave a message: Home__ Work__ Cell__

Address: _____ City _____ Zip _____

Date of Birth: _____ Sex: Male:___ Female:___ Social Security: _____

Marital Status: Single:___ Relationship:___ Married:___ Separated:___ Divorced:___
Widowed:___

Name of spouse/significant other _____ Children's names and ages _____

Identify any previous marriages: _____

Identify any history of psychiatric/emotional/drug or alcohol problems and treatment in your Current Family and in your Family of Origin: _____

Primary Care Physician: _____

City _____

Employer: _____ Address _____ City _____

Zip _____ Occupation: _____

Education (Highest level completed) _____

Name of any school currently attending and grade _____

Emergency Contact

Name: _____ Home phone: _____

Cell phone _____

Address _____

Relationship _____

Health Information

Please rate your health: Very Good__ Good__ Average__ Declining__

Recent weight changes: Lost__ Gained__

Recent changes in sleep patterns: _____

Date of last physical exam: _____

Report from most recent exam: _____

List all important past or present injuries, illnesses or disabilities: _____

Are you currently taking any medication? Yes___ No___ if yes please list them with dosages _____

Prescribed by: _____

Have you ever used drugs for other than prescribed medical purposes? Yes___ No___
If yes please list them _____

Have you ever had a severe emotional upset? If so, please explain: _____

Have you ever terminated a pregnancy? If yes, when: _____

Have you ever had a miscarriage? If yes, when: _____

Other Information:

Have you ever been arrested?

Are you currently dealing with any legal issues?

Are you willing to complete and sign a release of information so your psychiatric or medical may be obtained? Yes___ No___ please explain _____

Have you recently suffered loss from serious personal, social, business, or other reversals? Yes___ No___ Explain _____

Have you ever been a victim of a crime? Yes___ No___

If so, have you filed with Texas Crime Victims Compensation? Yes___ No___

Religious/Faith Background

Current Faith involvement _____

Please explain any recent changes in your spiritual life _____

Personality Information

Have you ever had any counseling or therapy before? Yes___ No___

Outcome _____

Please list approximate dates and names of counselors _____

Have you ever been in a residential or outpatient program for chemical dependency or psychiatric treatment? Yes___ No___ If yes, please list facility and dates, and indicate if

you completed the program successfully: _____

Please circle any of the following words which best describe you now: active, ambitious, self-confident, persistent, nervous, hardworking, impatient, impulsive, moody, often-blue, excitable, imaginative, calm, serious, easy-going, shy, good-natured, introvert, extrovert, likable, leader, follower, quiet, stubborn, submissive, lonely, self-conscious, sad, fatigued, anxious, sensitive, optimistic, sees the glass half empty, stressed, other _____

Consent

How were you referred? _____

May we send them a thank you note for their recent referral without using your name? _____

Please read and initial in the space provided. I understand and agree that I am ultimately responsible for payment at the time services are rendered. I have also read and received a copy of Clients Rights and Information. _____ I hereby consent for therapeutic services provided by Pamela J. Bolen.

Client's Signature

Date

Counselor's Signature

Date

I attest that I am the legal guardian or managing conservator of this minor child, _____ with rights to consent to medical treatment for this minor child and I do hereby consent for counseling services to be provided to this child.

Signature of Guardian or Managing Conservator _____

Relationship to child _____