

Shawn Boggs Counseling

1000 Texan Trail, Suite 221

Grapevine, Texas 76051

Tel: 817.328.6139

www.shawnboggs.com

Client Information

Date: _____

Name: _____

Email: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Please circle where we may leave a message:

Home

Work

Cell

Email

Address: _____

Date of Birth: _____

Sex: Please circle one:

Male Female

Marital Status: Please circle one:

Single

In a Relationship

Married

Separated

Name of Spouse/Significant Other:

Children's Name(s) & Age(s): _____

Name of Primary Care Physician & City: _____

Name of Employer, City & Zip Code: _____

Emergency Contact

Name: _____

Phone Number: _____

Address: _____

Relationship: _____

Who referred you to Shawn Boggs Counseling? Please circle one:

Friend/Family Member

Google Search

Website

Therapist/Doctor

Focus on the Family

Church Referral

Psychology Today

Other

Highest level of completed Education: _____

Health Information

Please rate your health:

Very Good

Good

Average

Declining

Recent Weight Changes: _____

Date of Last Physical: _____

Report from most recent exam: _____

Please list all important past or present injuries, illnesses or disabilities, regardless of severity:

Are you currently taking any medication?

Yes No

If Yes, please list them and their 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, what was its impact on you: _____

Have you ever had a miscarriage? If yes, what was its impact on you: _____

Religious / Faith Background

Current Faith involvement: _____

Please explain any recent changes in your spiritual life: _____

Other Information

Have you ever been arrested?

Yes No

Are you willing to complete and sign a release of information so your counselor may obtain social, psychiatric, or Medical information?

Yes No

Please Explain: _____

Have you recently suffered loss from serious personal, social, business, or other reversals?

Yes No

Please Explain: _____

Have you ever been the victim of a crime?

Yes No

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

Yes No

Please identify any previous marriages: _____

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

Personality Information

Have you ever had counseling before?

Yes No

If Yes, describe the outcome: _____

Please list dates and names of counselor: _____

Have you ever been in a residential or outpatient program for chemical dependency or psychiatric treatment?

Yes No

Please circle all 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	Quiet	Stubborn	Submissive	Lonely	Self-conscious
Sad	Fatigued	Anxious	Sensitive			

Consent

Please read and circle accept or decline.

I have read and received a copy of CLIENT'S RIGHTS AND INFORMATION, and I understand the CANCELLATION policy.

Accept

Decline

I hereby consent for therapeutic services provided by Shawn Boggs Counseling, and I authorize Shawn Boggs Counseling to release information about me necessary to obtain insurance benefits and/or to receive payment.

Accept

Decline

I understand that my signature requests insurance payments to be made and authorize release of information necessary to pay the claim. Please Provide the Patient Signature Below.

Signature and Date:

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

Please Provide the Signature of Guardian or Managing Conservator Below.

Signature and Date:

Relationship: