Client Registration

Demographic Information

Client's Full Name _____
Date of Birth _____

***Spouse's Full Name (if couple's counseling)**_____
Date of Birth _____

***Parent/Guardian Name (if client is a minor)**
_____ **Date of Birth**
_____

***If Client is a minor: School** _____
Grade_____
If the client is a minor and the parents are divorced, both parents must give consent for counseling. Please speak to your therapist for information on how to accommodate this requirement. This is a policy that is recommended by the Board of Professional Counselors of the State of Texas.

Home Address _____,
City _____**State** _____**, Zip** _____-_____

Home Phone (____)_____ **Work Phone (____)** _____

Client's Employer _____ _____

Physician _____ **Last visit** _____

Person to Contact in Emergency
_____
Phone _____

I hereby acknowledge and accept financial responsibility for charges incurred by the above named patient while under the care of Anchors of Life, Inc.

424 FM 78
Cibolo, TX 78108

210-859-5446
info@anchorsoflife.org

SIGNATURE _____

DATE_____

Marital Statue: ( ) Single ( ) Engaged ( ) Married (How long? ____) ( ) Divorced (How long?____)

Please list individuals who live in the same house as you, provide names and approximate age:

_____

_____

_____

_____

_____

Health Status ( ) Very Good ( ) Good ( ) Average ( ) Declining (Why? _____)

Medications you are currently taking:

_____

_____

_____

Do you ( ) smoke? ( ) drink alcohol? ( ) use illegal drugs ( ) abuse prescription meds?

Have you ever fallen on your head or suffered major head injuries? ( ) yes ( ) no

Have you been in counseling before? ( ) yes ( ) no If yes, when/ what reason(s)/ with who?

_____

_____

Have you ever been hospitalized for emotional or mental problems? ( ) yes ( ) no

Describe your current issues_____

_____

_____

What is your current emotional status? ( ) Depressed ( ) Suicidal ( ) Angry ( ) Other:

_____

_____

What would you like to achieve in counseling?

_____

_____

_____

Do you actively attend a local Church? If yes, please list the church and a general description of your attendance and involvement.

_____

_____

Who referred you to Anchors of Life?

_____

Address of referrer

_____

May we send a note of appreciation for referring you to our care? ( ) yes ( ) no

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