Becky Rockwell, LCSW
CO License # 09925476  TX License # 50801
PO Box 2982, Edwards, CO 81632
512-469-7853

# Client Information

Name:_____ Date:_____

Physical address:_____Zip code:_____

Mailing address:_____Zip code:_____

Home Phone:_____ Cell Phone:_____

DOB:_____ Age:_____ Occupation:_____

Significant relationship status:_____

Emergency Contact:_____ Phone:_____

Physician:_____ Phone:_____

Medications, dosages and reasons for taking them:_____

_____

Health concerns:_____

_____

Previous experience with therapy and/or hospitalizations:_____

_____

Please state what brings you here:_____

_____

How were you referred to me:_____

Any other information you'd like me to know:_____

_____

_____

_____