

Patience D. Stevenson, D.Min.,LMFT, LPC, NCC  
1754 W. Broad St., Bethlehem, PA 18018

CLIENT FACT SHEET

CLIENT NUMBER \_\_\_\_\_ DATE OF INTERVIEW \_\_\_\_\_

CLIENT NAME \_\_\_\_\_ SPOUSE/OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ PHONE: HOME \_\_\_\_\_

WORK \_\_\_\_\_ WORK \_\_\_\_\_

CELL \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

BIRTHPLACE \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHYSICIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

PERMISSION TO CONTACT? \_\_\_\_\_ PERMISSION TO CONTACT? \_\_\_\_\_  
(Client signature) (Client Signature)

DATE OF LAST PHYSICAL \_\_\_\_\_ DATE OF LAST PHYSICAL \_\_\_\_\_

MARITAL HISTORY \_\_\_\_\_ MARITAL HISTORY \_\_\_\_\_

DATE OF CURRENT MARRIAGE \_\_\_\_\_ PLEASE TURN OVER

REFERRAL SOURCE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PERMISSION TO CONTACT \_\_\_\_\_

(Client Signature)

Have you ever been in counseling before? \_\_\_\_\_

If so, when? \_\_\_\_\_ With whom? \_\_\_\_\_

For what reason? \_\_\_\_\_

Do you have any medical conditions? \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_

If so, please list names and amount/frequency \_\_\_\_\_

What faith tradition/denomination were you raised in, if any? \_\_\_\_\_

Do you have any spiritual concerns at this time? \_\_\_\_\_

What is your last year of school completed? \_\_\_\_\_

Which school(s) did you attend? \_\_\_\_\_

Who is currently residing in your household? \_\_\_\_\_

What brings you here today? \_\_\_\_\_