



Date:\_\_\_\_\_ Agency:\_\_\_\_\_

Counselor/Clinician:\_\_\_\_\_

Number of sessions:\_\_\_\_\_ Duration:\_\_\_\_\_

---

### CLIENT INFORMATION

Client:\_\_\_\_\_

Date of Birth:\_\_\_\_\_ Age:\_\_\_\_\_

Gender:\_\_\_\_\_ Marital Status:\_\_\_\_\_

Highest level of Education:\_\_\_\_\_

Employed: Yes/No

If "Yes" name employer:\_\_\_\_\_

Tenure of employment:\_\_\_\_\_

Medical

History:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications:\_\_\_\_\_

History of any substance abuse or mental illness (include family history):

---

---

---

Do you belong to any social/professional clubs or organizations?

---

---

Pleasure and relaxation activities: \_\_\_\_\_

---

Presenting Problems: \_\_\_\_\_

---

---

---

Results of Mental Status Exam: \_\_\_\_\_

---

---

Client's Strengths & Weaknesses: \_\_\_\_\_

---

---

Clinician's/Counselor's observations & comments:

---

---

---

---

Treatment undertaken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your professional opinion is this client suitable to enter into the Masters of Arts in  
Counseling program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
Signature of Counselor/Clinician.