

**- Hergert & Associates Family Counseling Services -**

**252 S. Central Avenue, PO Box 887, Marshfield, WI 54449**  
**Ph (715) 384-7579 Fax (715) 384-8131**

**Therapist: Steve Johnson, LPC**  
**Date: \_\_\_\_\_**

**CLIENT DATA SHEET**  
**Confidential**

**Client Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**\*Home Phone:** \_\_\_\_\_ **\*Work Phone:** \_\_\_\_\_ **\*Cell Phone:** \_\_\_\_\_  
**Marital Status:** \_\_\_\_\_ **Date of Marriage (if applicable):** \_\_\_\_\_ **# of Children:** \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Referral Source:** \_\_\_\_\_ **Religious Preference (optional):** \_\_\_\_\_  
**Primary Care Provider:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Date of Last Exam:** \_\_\_\_\_ **Do you want to sign a release for your physician: YES NO**  
**Place of Employment:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Education:** \_\_\_\_\_

**Household Members:**

Name	Age	Relationship to You

**Medication(s):**

Medication Name	Dosage/Time	Reason	Prescribing Physician	Currently Taking

**Past Behavioral Healthcare Services:**

Name of Therapist/Agency	Date of Services	Reason for Services

\*Indicate if it is okay to call you at this number.

(Over)

**Presenting Problem (Current Situation and History)**

- A. Marriage or Relationship
- B. Depression
- C. Anxiety or Worry
- D. Alcohol and/or Drug Use
- E. Physical Problems
- F. Legal Issues
- G. Eating Disorder
- H. Problems with Children
- I. Work Related
- J. Abuse or Trauma
- K. Sexual Functioning
- L. Financial
- M. Other (please explain)

How long have you had this problem(s)? \_\_\_\_\_

Have you received treatment for this problem: Yes \_\_\_\_\_ No \_\_\_\_\_

**Desired Goals**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date