

# C3FL DATA SHEET

NAME: \_\_\_\_\_ Date \_\_\_\_\_

SPOUCE: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_

Type of Counseling: \_\_ Individual \_\_ Couple \_\_ Other.

Presenting Problem:

\_\_\_\_\_

\_\_\_\_\_

Counseling History:	Counselor	When	Duration	Outcome
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\_\_\_\_\_

Medical Concerns:

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\_\_\_\_\_

\_\_\_\_\_

Family History:

\_\_\_\_\_

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Marital History:

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Substance Abuse:

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

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Career/Educational History:

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Specific Concerns:

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