

**THOMAS E. COOK COUNSELING CENTER
AT VIRGINIA TECH
SUPERVISION CLIENT DATA SHEET**

Client Name: _____ **Case #:** _____ **Counselor:** _____

Date Initially Seen: _____ **Intake:** _____ **or Referral:** _____ **(Referred by: _____)**

Client Characteristics

Gender:

Male: _____

Female: _____

Ethnicity:

African American: _____

Asian: _____

Caucasian: _____

Hispanic: _____

International/Other: _____

Sexual Orientation:

Heterosexual: _____

Lesbian/Gay/Bisexual: _____

Age: _____

Class: FR SO JR SR GR Non-Student

Relational/Marital Status:

Partner/Spouse: _____

Single: _____

Presenting Problem:

Relevant History/Background Information:

Tentative Treatment Goals/Planned Assessments:

Supervisor's Notes/Comments:

Supervisor: _____

| | |
|-------------|------------------------|
| Date | Notes/Comments: |
| Date | Notes/Comments: |
| Date | Notes/Comments: |
| Date | Notes/Comments: |
| Date | Notes/Comments: |
| Date | Notes/Comments: |
| Date | Notes/Comments: |
| Date | Notes/Comments: |

Termination/Last Session Date: _____

Termination/Follow-up Concerns Notes: