



LISA STEKERT

Therapy Services by Lisa Stekert, CA #84814
Licensed Clinical Social Worker

Client Services Information Sheet

1. Your (client) name _____
2. AKA (other names used) _____
3. Social Security # _____ Date of Birth _____ Age _____
4. Mailing address _____
Physical Address _____
5. Mobile phone: _____ Work: _____
6. Email _____
7. What is your preferred method of contact? _____
8. Education Level/Work Place or School _____
9. Marital Status: Single / Married / Divorced / Partnership
10. Please list members of your family/household or an emergency contact
(Include phone numbers)
11. Please briefly describe what influenced your decision to begin counseling:
12. Please list three goals you have for counseling:

Signature of person completing _____ Date: _____
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