

## **CLIENT SUMMARY for Non-Completion**

Client name: \_\_\_\_\_ Age: \_\_\_\_\_

Start/End Date: \_\_\_\_\_

Married \_\_\_\_\_ How long? \_\_\_\_\_ Spouse's name: \_\_\_\_\_

Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Children \_\_\_\_\_ Age(s) \_\_\_\_\_

Contact Info: Cell \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Church affiliation: \_\_\_\_\_

\_\_\_\_\_

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Presenting Problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many sessions did you have? \_\_\_\_\_ How many client cancelations? \_\_\_\_\_

Reason Client Stopped/Your thoughts on why they stopped \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where in the Process Did the Client Stop \_\_\_\_\_

\_\_\_\_\_

Client's donation amount/Was the Client Sponsored? \_\_\_\_\_

Comment \_\_\_\_\_

Who referred the client? \_\_\_\_\_

Referral's Church/Ministry/Organizational affiliations: \_\_\_\_\_

Did the client's spouse go through the Discipleship Counseling process? \_\_\_\_\_

Is the client a candidate for the **TLI** in the future? \_\_\_\_\_ Did you discuss? \_\_\_\_\_

Is the Client a candidate for **Group Night**? \_\_\_\_\_

Overall thoughts about working with this client: \_\_\_\_\_

Were you Mentored during this client? Yes/No: \_\_\_\_\_

Mentor's Name: \_\_\_\_\_ Comments on being Mentored: \_\_\_\_\_

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**Discipleship Counselor**

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**Date**

Please give a copy of this to the **Counseling Supervisor** when completed, and keep original in the client's file. Thank you!