

**University of Minnesota Crookston – Client Intake Form**  
**Career Development & Counseling Department**

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_  
Last
First
Middle

Name you prefer to be called \_\_\_\_\_

Student ID \_\_\_\_\_

Date of birth (mm/dd/yyyy) \_\_\_\_\_

Home Phone \_\_\_\_\_ OK to phone?  Y  N

Cell Phone \_\_\_\_\_ OK to phone?  Y  N

Work Phone \_\_\_\_\_ OK to phone?  Y  N

E—mail \* \_\_\_\_\_

\*Provide your e-mail address ONLY if you agree to accept e-mails from University of Minnesota Crookston Career Development and Counseling Department (UMCCDCD), including appointment reminders.

Local Address:	Permanent Address:
Street _____	Street _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____

OK to contact at home?  Y  N

**Emergency Contact Name** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Telephone** \_\_\_\_\_

How did you happen to come to University Counseling & Consulting Services (check all that apply)

<input type="checkbox"/> Academic Advisor	<input type="checkbox"/> General knowledge of UMCCDCD
<input type="checkbox"/> Clergy/Pastoral	<input type="checkbox"/> Mental health professional
<input type="checkbox"/> Community Adviser / Res Hall Staff	<input type="checkbox"/> Prefer not to respond
<input type="checkbox"/> Disability Services	<input type="checkbox"/> Previous use of UMCCDCD
<input type="checkbox"/> Family	<input type="checkbox"/> UMC Health Services
<input type="checkbox"/> Faculty	<input type="checkbox"/> Web Site
<input type="checkbox"/> Friend	<input type="checkbox"/> Other student services office

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Client Demographics

Religious or spiritual affiliation you identify with \_\_\_\_\_

Gender:  Female  Male  Transgender  Prefer not to respond  Other

If you selected "other" for identified gender, provide gender term: \_\_\_\_\_

Sexual Orientation:  Heterosexual/Straight  Bisexual  Lesbian  Gay (any gender)

Questioning  Prefer not to respond  Other

If you selected "Other" for sexual orientation provide identity term: \_\_\_\_\_

Student Status:	<input type="checkbox"/> Pre-Freshman	Military Service Status:	<input type="checkbox"/> No Military Service
	<input type="checkbox"/> Freshman		<input type="checkbox"/> Active Duty
	<input type="checkbox"/> Sophomore		<input type="checkbox"/> Veteran
	<input type="checkbox"/> Junior		<input type="checkbox"/> National Guard (currently actively drilling)
	<input type="checkbox"/> Senior		
	<input type="checkbox"/> Adult Special		
	<input type="checkbox"/> Other (please specify) _____		
	<input type="checkbox"/> PSEO/Non-Degree		

Department:  Agriculture and Natural Resource  
 Business  
 Center for Adult Learning  
 Liberal Arts and Education  
 Math Science and Technology  
 Post Secondary Educational Option  
 Online Programs  
 Other UofM Campus

Current Credit Load: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Relationship Status:  Single  Married  Dating  Separated  Prefer not to answer

Ethnic Background: \_\_\_\_\_

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**Client Information Form**

**To serve you better, we need a few facts about the people who visit us. Please provide the information requested. You may omit any item, but by providing all the information requested you can help us do a better job of serving you.**

Have you seen, or are you currently seeing another counselor or therapist?  Yes  No

If yes, when? \_\_\_\_\_

For what concerns? \_\_\_\_\_

Name of counselor/agency: \_\_\_\_\_

What is your main reason for seeking counseling now? \_\_\_\_\_  
\_\_\_\_\_

What other significant concerns do you have? \_\_\_\_\_  
\_\_\_\_\_

What do you hope to accomplish through counseling? \_\_\_\_\_  
\_\_\_\_\_

Please describe your primary parental figures:

Parent #1 Living?  Still married or in a domestic partnership  
 Separated  
 Never married  
 Divorced  
 Widow/Widower

Parent #1 Education: \_\_\_\_\_

Parent #1 Occupation: \_\_\_\_\_

Parent #2 Living?  Still married or in a domestic partnership  
 Separated  
 Never married  
 Divorced  
 Widow/Widower

Parent #2 Education: \_\_\_\_\_

Parent #2 Occupation: \_\_\_\_\_

<b>FOR UMCCDCD STAFF USE</b>	
Appt Date/Time: _____	<input type="checkbox"/> Client declined Walk-in Services

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Select the type(s) of individual counseling you would like. If you select more than one type of counseling, rate the selections by priority (one=highest, three=lowest)

Personal Counseling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Career Counseling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Academic Counseling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Are you currently experiencing a crisis?  Y  N  
If yes, describe the nature of the crisis: \_\_\_\_\_  
\_\_\_\_\_

How satisfied are you with your academic progress so far?  Very Satisfied  Satisfied  
 Neutral  Dissatisfied  Very Dissatisfied

What barriers, if any, are impeding your academic progress? \_\_\_\_\_  
\_\_\_\_\_

What do you like best about college and college life? \_\_\_\_\_  
\_\_\_\_\_

What do you like least about college and college life? \_\_\_\_\_  
\_\_\_\_\_

What are your long-term education and vocational goals? \_\_\_\_\_  
\_\_\_\_\_

How sure are you about these future plans?  Certain  Pretty sure  Uncertain  Very certain

What are other important long-term goals in your life?  
Please list any disability, medical condition, or physical symptoms you would like your counselor to know about? \_\_\_\_\_  
\_\_\_\_\_

Prescription medications you are currently taking (including birth control pills, allergy medications, etc) \_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like us to know about you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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***Following are three checklists. If you would like to receive personal counseling, complete the personal concerns checklist. If you would like to receive career counseling, complete the career concerns checklist. If you would like to receive academic counseling, complete the academic concerns checklist.***

### Personal Concerns Checklist

If you would like to receive personal counseling, please complete the following checklist. If you would NOT like to receive personal counseling, skip this checklist and complete the Career Concerns and/or the Academic Concerns Checklist.

- Depression
- Anxiety
- Poor concentration
- Lonely, don't feel connected
- Lack self-confidence
- Irritable, angry
- Difficulty making decisions
- Feeling sad or blue
- Having problems with sleep
- Lack meaning in my life
- Problems with eating or food
- Concerned about alcohol or drug use
- Concerned about my health
- Concern about AIDS/HIV or other sexually transmitted infections (STIs)
- Concerned about financial problems
- Find it difficult to express my feelings, stand up for myself
- Concerns about my relationship with my partner
- Having difficulty with friends
- Concerned about relationships with parents and siblings
- Concerned about sex or sexual relationships
- Discrimination/Hate Crime
- Concerned about adoption issues
- Questions about my sexual or gender identity
- Spiritual concerns
- Racial, cultural, or ethnic concerns
- Loss/death of a significant person
- Harassment/Stalking
- Feeling overwhelmed
- Bothered by troublesome thoughts
- Physical or emotional abuse
- Sexual assault, past or current sexual abuse
- Thoughts of harming myself or another person
- Have deliberately injured myself

Other: \_\_\_\_\_

## Career Concerns Checklist

If you would like to receive career counseling, please complete the following checklist. If you would NOT like to receive career counseling, skip this checklist and complete the Personal Concerns and/or the Academic Concerns Checklist.

Check all applicable items:

### Increasing Self Awareness

- Unsure where my real interests lie
- Don't know what my strengths/abilities are
- Am unclear about the things/areas most important to me in a career/major
- Don't feel my strengths/abilities match my interests
- Am confused about how my career fits into my life plans

### Exploring Work Options

- Am unsure about how my interests, values, personality and abilities relate to my choice of major or career
- Lack occupation information about job opportunities, duties or outlook
- Lack information about career resources available to me on campus
- Unsure about the type of environment in which I would like to work

### Making Decisions about Careers

- Feel lost and overwhelmed thinking about making a career/major decision
- Have difficulty making decisions
- Feel that personal circumstances/responsibilities (i.e., family, relationships, finances) are interfering with my ability to make a decision

### Moving from Decisions to Actions

- Am pretty sure what I want to do, but don't know how to implement my decision
- Am anxious about taking steps necessary (e.g., networking, interviewing) to successfully find employment
- Know what I want to do, but feel lack of support from people who are close to me
- Feel that my career planning is limited by physical or emotional problems

### Academic Concerns Checklist

If you would like to receive academic counseling, please complete the following checklist. If you would NOT like to receive academic counseling, skip this checklist and complete the Personal Concerns and/or the Career Concerns Checklist.

Are you on academic probation?  Y  N

Are you returning from academic probation?  Y  N

Are you having significant concerns with academic performance or progress?  Y  N

Below is a list of factors that can interfere with academic success and performance. Please check those that have been issues for your situation that would like to discuss with your counselor.

#### Academic Skill Factors:

- Test-taking
- Memory/concentration
- Reading and comprehension
- Study skills
- Professor issues
- Lack of interest in courses
- Writing
- Note taking/listening
- Course demands (e.g., too much work)

#### Balance Factors:

- Family demands
- Work demands
- Overwhelmed
- Friends/social distractions
- Financial pressures
- Test anxiety
- Time management
- Distractions (TV, Internet)
- Procrastination
- Being over-involved
- Motivation

#### Health Factors:

- Physical health concerns
- Mental health concerns (anxiety, depression)
- Learning disability
- ADD/ADHD
- Sleep issues

Have you or anyone in your family ever been diagnosed as having a learning disability?  Y  N  
If yes, list the names and area(s) of learning disability (math, reading, etc.): \_\_\_\_\_