



University Counseling & Consulting Services Client Intake Forms

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

Email* _____

* Provide your e-mail address **ONLY** if you agree to accept e-mails from UCCS

Local Address:

Street _____

City _____

State _____ Zip _____

Permanent Address:

Street _____

City _____

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"/> Family |
| <input type="checkbox"/> Aurora Center | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Boynton Health Services | <input type="checkbox"/> General knowledge of UCCS |
| <input type="checkbox"/> Clergy/Pastoral | <input type="checkbox"/> Mental health professional |
| <input type="checkbox"/> College office or program | <input type="checkbox"/> Prefer not to respond |
| <input type="checkbox"/> Community Adviser / Res Hall Staff | <input type="checkbox"/> Previous use of UCCS |
| <input type="checkbox"/> Dean of Students | <input type="checkbox"/> Student Conflict Resolution Center |
| <input type="checkbox"/> Disability Services | <input type="checkbox"/> Website |
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Other student services office |



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Client Demographics

Religious or spiritual affiliation you identify with _____

Gender: ☐ Female ☐ Male

Sexual Orientation: ☐ Heterosexual ☐ Lesbian ☐ Gay ☐ Bi-sexual ☐ Questioning
☐ Prefer not to answer

Student Status: ☐ Pre-Freshman
☐ Freshman
☐ Sophomore
☐ Junior
☐ Senior
☐ Graduate School Masters
☐ Graduate School Doctoral
☐ CCE Certificate Program
☐ Professional School
☐ Adult Special
☐ Post-Secondary Enrollment Opt Non-Degree

College:	<input type="checkbox"/> Allied Health Programs	<input type="checkbox"/> Law School
	<input type="checkbox"/> Biological Sciences	<input type="checkbox"/> Liberal Arts (CLA)
	<input type="checkbox"/> Continuing Education	<input type="checkbox"/> Management (Carlson)
	<input type="checkbox"/> Dentistry	<input type="checkbox"/> Medical School
	<input type="checkbox"/> Design	<input type="checkbox"/> Nursing
	<input type="checkbox"/> Education and Human Development	<input type="checkbox"/> Pharmacy
	<input type="checkbox"/> Extension	<input type="checkbox"/> Post Secondary Educational Option
	<input type="checkbox"/> Food, Agricultural and Natural Resource Sciences	<input type="checkbox"/> Public Affairs
	<input type="checkbox"/> Science & Engineering	<input type="checkbox"/> Public Health
	<input type="checkbox"/> Inter-College Program	<input type="checkbox"/> Veterinary Medicine
		<input type="checkbox"/> 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: _____

FOR UCCS STAFF USE

Appt Date/Time: _____

☐ 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 priority)

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? _____

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.



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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: _____



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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



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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.): _____
