



**CTC Counseling Intake Form**

Date \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Program of Study \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_

Are you currently on academic probation or suspension? \_\_\_\_\_

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Explain reason(s) for seeking counseling: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this your first visit with a counselor? \_\_\_\_\_

If no, where did you receive services? \_\_\_\_\_

Reason for your last visit with a counselor \_\_\_\_\_

\_\_\_\_\_

List any medications you are currently taking

\_\_\_\_\_

For what condition(s) are medications prescribed \_\_\_\_\_

\_\_\_\_\_

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Individual to notify in case of emergency

Name \_\_\_\_\_ Phone \_\_\_\_\_

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***Read and sign the intake form to verify that you understand the appointment guidelines, informed consent, confidentiality, and refusal to harm self.***