

I have read and understood the above statements. I agree to the information presented.

Client Signature _____ Date _____

Counselor's Signature _____ Date _____

Counseling Services Intake Form

Date _____

Name _____ Student ID:

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Email Address _____

Program of Study _____

Gender _____

Pronouns _____ Age _____

Are you currently on academic probation or suspension? _____

Reason(s) for seeking counseling:

Counseling Goal(s)

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

Individual to notify in case of emergency

Name _____ Phone

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