Donnelly College Counseling Center INTAKE FORM

Date _____

Name:_____ Gender: ☐ Male ☐ Female
Last First Mi

☐ Student	Academic Major	GPA	Hours enrolled
	Place of employment		Work hours per week
☐ Faculty/Staff	Position	Extension	

Donnelly ID #_____ Date of Birth_____ Age_____ Ethnicity/Primary Language_____

Address_____

Best Phone # to Reach You_____ If we need to contact you, may we leave a message? ☐ Yes ☐ No

Email address_____

In case of emergency (such as hospitalization, ER visit, suicide risk, or if the counselor is unable to reach you for an extended period), is there someone you give the Counseling Center permission to contact?

Name_____ Relationship _____ Phone 1_____ Phone 2_____

Relationship Status: ☐ Single ☐ Significant Other ☐ Married
☐ Separated ☐ Divorced ☐ Widowed

Living Situation: Specify_____
(For example: parent(s), spouse, friend, roommate, self, etc.)

How did you learn about the Counseling Center? _____

Who referred you? ☐ Self ☐ Faculty ☐ Academic Advisor
☐ Friend ☐ Parent ☐ Student Services
☐ Other _____

OPTIONAL: I give my permission to the Donnelly College Counseling Center to notify the following person who referred me. This notification is solely for the purpose of confirming my contact with the Donnelly College Counseling Center:

Name of Referral Person_____ Phone _____
Your signature_____ Date _____

Are you presently receiving or seeking counseling from some person or agency other than this Center?

☐ **Yes** ☐ **No** **With whom? _____**

Have you received counseling services in the past?

☐ **Yes** ☐ **No** **With whom? _____** **When _____** **How Long _____**

List any current or previous medication or physical conditions

Do you have a disability? ☐ **Yes** ☐ **No**

IF YES, please describe_____

Do you have a personal primary health care provider? ☐ **Yes** ☐ **No**

IF YES, please list name & address _____

_____

Date of last physical exam _____

What are the subjects of your concern? (check all that apply)

- ☐ My emotional well-being
- ☐ My academic performance
- ☐ My stress level
- ☐ My relationship with others
- ☐ My career/vocational plans
- ☐ My physical health

What is the main concern you are bringing to counseling? (please be specific)

How much distress has this caused you in the past week, including today?

1	2	3	4	5
None	A little bit	Moderate	Quite a bit	Severe

How much is this concern interfering with your usual routine?

1	2	3	4	5
None	A little bit	Moderate	Quite a bit	Severe

How much is this concern interfering with your ability to perform academically?

1	2	3	4	5
None	A little bit	Moderate	Quite a bit	Sever**e**

How much is this concern affecting you socially?

1	2	3	4	5
None	A little bit	Moderate	Quite a bit	Severe

What do you want to be different as a result of coming to counseling?