



**OFFICE OF COUNSELING SERVICES  
DEMOGRAPHIC INTAKE FORM**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Residence Hall/School Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Classification: \_\_\_\_\_ Major: \_\_\_\_\_ Full-Time: \_\_\_ Part-Time: \_\_\_

Employment Status: \_\_\_ Employed \_\_\_ Not Employed Referral Source: \_\_\_\_\_

Prior Mental Health Diagnosis/Treatment History: \_\_\_ Yes \_\_\_ No Last Visit: MM/YY: \_\_\_\_\_

**Appointment Time Preference:** (Please check the time ranges or write the specific times that best for your schedule for behavioral health appointments)

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Between</b>					
9:00 am & 10:00 am					
10:00 am & 11:00 am					
11:00 am & 12:00 n					
12:00 pm & 1:00 pm					
2:00 pm & 3:00 pm					

Are you currently at immediate risk of harming yourself or someone else? \_\_\_ Yes \_\_\_ No

Do you have a plan? \_\_\_ Yes \_\_\_ No

I would like to meet with a therapist for a recent or ongoing issue that concerns me. \_\_\_ Yes \_\_\_ No

\_\_\_ Anxiety/Stress                      \_\_\_ Employment/Academic Difficulty                      \_\_\_ Sadness

\_\_\_ Relationships/Conflict                      \_\_\_ Financial/Housing                      \_\_\_ Family Issues

Are you interested in participating in group session? \_\_\_ Yes \_\_\_ No

Are you interested in participating in virtual counseling sessions? \_\_\_ Yes \_\_\_ No