



Counseling Center Intake Form

General Information

Name: _____ Age: _____ Gender Identity/Pronouns: _____

Race/Ethnicity: _____ Class/Year: _____ Residence: _____

Personal Contact Information

Phone: _____ Permission to Call/Text: Yes No

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Presenting Concern(s)

In your own words, explain your reason(s) for seeking counseling:

What do you hope to gain from counseling?



Personal Mental Health History

List your previous and/or current diagnoses, medications, and substance use

Previous:

Current:

Family Mental Health History

List family members' previous and/or current diagnoses, medications, and substance use

Previous:

Current:

Initial Suicidality Screening

Are you experiencing thoughts of suicide? Yes No

Acknowledgement

I, the client, acknowledge that the information provided is accurate and consent to its use for mental health assessment and counseling services.

Client Signature:

Date:

Printed Name:

Counselor Signature:

Date:

Printed Name:
