

CLIENT DATA

Last Updated: 7/23/20

Please take a moment to complete this form. Your assistance will help us monitor our success in serving our diverse community and assist your Counselor in serving you. Your Counselor will collect this from you. **THANK YOU.**

Name: _____ Date: _____

Gender: _____ Birthdate: _____ Phone: _____

Your Address: _____

Please write in or check the appropriate response:

Email:

We apologize for any limitations the listed categories may present.

Race/Ethnicity/Nationality/Identity

- Native American/American Indian
- African-American/Black
- Asian/Asian-American
- Latina/Chicana
- Anglo-, Euro-American/White
- Other (please specify):

Disability Status

- I have a disability.
- I do not have a disability.

Community/University Status

- Not affiliated with UI
- UI Staff/Faculty Member
- UI Student
 - Year: _____
 - Major: _____
 - Full-time or Part-time?: _____

Partnership Status

- Single
- Partnered/Married
- Separated
- Divorced

Employment Status

- Working outside home full-time
- Working outside home part-time
- Not employed at this time
- Working inside home

Age Group

- under 18 30-39 60-69
- 18-20 40-49 70-79
- 21-29 50-59 80+

Previous Counseling

- University Counseling Service
- Student Health
- Private Therapist
- Individual Counseling
- Group Counseling
- Other (please specify):
 - Please list approximate dates and numbers of sessions:
 - Are you currently in counseling in another setting?:

How did you find out about this service?

- Social Media Other (please specify):
- From a friend
 - From a family member
- From a teacher/professor

Please circle the number that best indicates the extent each of the following are reasons for seeking counseling:

Not a reason Somewhat a reason Very much a reason

1	2	3
1	2	3
1	2	3

- Career/Vocational Concerns
(career planning, goals, unsure of interest)
- Educational Concerns
(lack of academic skills, study techniques)
- Personal Concerns
(adjustments concerning behaviors, attitudes, feelings)

Not a reason Somewhat a reason Very much a reason

1	2	3	Interpersonal Concerns (adjustments concerning relationships)
1	2	3	Environmental Concerns (finances, housing)
1	2	3	Sexuality Concerns (decisions, identity, lifestyle)

Please state briefly what you would like to discuss with the counselor:

Referring Person/Agency to WRAC Self Friend Other: _____

When did you first think of seeking counseling? _____

How many counseling sessions do you expect to have? 1 to 3 3 to 6 6 or more

Your Living Situation

- | | |
|--|---|
| <input type="checkbox"/> Family of Origin | <input type="checkbox"/> Sorority |
| <input type="checkbox"/> Alone, off-campus | <input type="checkbox"/> Residence hall |
| <input type="checkbox"/> With roommate/s, off-campus | <input type="checkbox"/> Primary relationship |
| <input type="checkbox"/> Alone, with child/ren | <input type="checkbox"/> Other (please specify) |
- Number of children: _____

Do you perceive your family member/s as supportive if you need it? Yes No

Who? _____

Do you perceive your partner/spouse as supportive if you need it? Yes No

Your Social Situation

- No friends, socially isolated
- No close friends, several acquaintances (2-3 people with whom you sometimes socialize)
- No close friends, many acquaintances
- One close friend, no other friends
- One close friend, other friends
- More than one close friend
- Other (please specify)

Do you perceive your friend/s as supportive if you need it? Yes No

Health

Are you in good health? Yes No

If No, please describe your condition:

Are you taking any medication? Yes No

If Yes, please specify (include birth control pills, over-the-counter medications, psychiatric medications, etc.)

Additional Information

Please indicate any additional information about yourself that is important for the counselor to know (e.g. additional information on work, health, school, mental health, family, etc. not covered in the above questions.)