



# Union University Counseling

## Client Information Form

**DIRECTIONS:** Please complete the following form and bring with you to your appointment. If you do not complete this form prior to your initial appointment, your appointment may need to be rescheduled. If you choose to complete it at the Counseling Center prior to your first appointment, please plan to come to your appointment at least fifteen minutes before your scheduled time. **ALL INFORMATION IS CONFIDENTIAL!**

Date: \_\_\_\_\_ ID# \_\_\_\_\_ Referred by \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Ethnicity: (choose one)      Non-Hispanic/Latino      Hispanic/Latino

Race: (choose one)      White/NonHispanic      Black/African American      Unknown  
                          Asian      American Indian/Alaska Native      Native Hawaiian/Pacific Islander

Mailing Address: (please include personal and parent's)  
 Personal \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (May we call or leave a message at this number?) Y  
 (Home) \_\_\_\_\_ (May we call or leave a message at this number?) Y

E-Mail Address: \_\_\_\_\_ (May we e-mail you?) N

(Note: Because e-mail is not confidential, we strongly discourage you from using e-mail to communicate sensitive information with your counselor.)

Roommate(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 (3) \_\_\_\_\_ (4) \_\_\_\_\_

Employment: \_\_\_\_\_ Hrs. per week: \_\_\_\_\_

**FAMILY INFORMATION:**

NAME	AGE	LEVEL OF EDUCATION	OCCUPATION
Father _____	_____	_____	_____
Mother _____	_____	_____	_____
Siblings _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (CP) \_\_\_\_\_  
 (H) \_\_\_\_\_ (W) \_\_\_\_\_ (CP) \_\_\_\_\_

**ACADEMIC INFORMATION:**

Classification:      Freshman      Sophomore      Junior      Senior      Grad. Student  
 Hours attempted this semester: \_\_\_\_\_ Overall GPA: \_\_\_\_\_  
 Expected Date of Graduation: \_\_\_\_\_ Major: \_\_\_\_\_  
 Probable Occupation \_\_\_\_\_



Who are the people in your life you will turn to for support while making changes in your life:

---

---

Please check any of the following concerns you are currently experiencing or have experienced:

Present

Past

- Anxiety
- Depression
- Bipolar disorder
- Unwanted sexual experience
- Sleep disturbance
- Changes in appetite
- Academic problem
- Relationship concerns (e.g. break up, conflict)
- Relationship violence (e.g. emotional, physical, sexual, verbal abuse)
- Panic attacks
- Shyness or Social Anxiety
- Test Anxiety
- Obsessive compulsive behavior
- Phobia
- Stress
- Thoughts of suicide
- Suicide attempt(s)
- Self-harm (e.g. cutting, burning, banging head, etc.)
- Difficulty concentrating
- ADHD
- Low motivation or energy
- Severe mood swings
- Loneliness
- Anorexia
- Bulimia
- Disordered eating
- Anger management
- Family concerns
- Traumatic event
- Physical abuse
- Sexual abuse
- Pornography use
- Gambling
- Recent death or loss
- Legal/Judicial Affairs problem
- Alcohol abuse
- Marijuana use
- Other drugs (e.g. methamphetamine, cocaine, etc.)
- Sexual dysfunction
- Health concern
- Work-related concern
- Identity problem
- Religious or spiritual problem
- Cultural concerns
- Excessive video or online game use
- Other: \_\_\_\_\_

What do you see as your top 5 strengths

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_

What do you do for self-care (i.e. hobbies, interests, etc.)?

---

Please check the times when you are AVAILABLE for counseling.

	Monday	Tuesday	Wednesday	Thursday	Friday
8 am					
9 am					
10 am					
11 am					
12 pm					
1 pm					
2 pm					
3 pm					
4 pm					
5 pm					