

## UWCC Intake Questionnaire

Your forms are not reviewed by your clinician until just before your appointment. If you are in crisis, or need to speak with someone right away, you may contact MySSP 24 hours a day, 7 days a week by phone 1.866.775.0608 or online chat <https://myssp.app/ca/home>

### Presenting Concerns

**\*\* What are you hoping to get out of your visit today?**

**I am interested in: (please check all that apply)**

- ☐ Information on Counseling Center services
- ☐ A one-time consultation
- ☐ Discussing my concerns for another person
- ☐ Short-term individual counseling
- ☐ Group counseling
- ☐ Couples counseling
- ☐ Referrals for open-ended counseling
- ☐ Referrals for medication
- ☐ Other

If Other, please specify: \_\_\_\_\_

### Academic Information

#### Academic Status

- ☐ First-year
- ☐ Sophomore
- ☐ Junior
- ☐ Senior
- ☐ Graduate
- ☐ Other

**If you are an undergraduate, what is your academic major?**

**What is your current GPA (scale 0-4)?**

**If you are a graduate student, what is your graduate program?**

**Military Service (circle one)?** Yes / No

### Personal Information

**\*\* Preferred Name:**

**What is your gender identity?**

- ☐ Agender   ☐ Gender-nonconforming   ☐ Genderqueer   ☐ Intersex
- ☐ Intersex Man   ☐ Intersex Woman   ☐ Man/Male   ☐ Non-binary
- ☐ Questioning   ☐ Self-Identify   ☐ Transgender   ☐ Trans Man
- ☐ Trans Woman   ☐ Two Spirit   ☐ Woman/Female   ☐ Prefer not to answer

If you selected Self-Identify, please specify: \_\_\_\_\_

**What is your sexual orientation?**

- ☐ Asexual   ☐ Bisexual   ☐ Gay   ☐ Heterosexual/Straight   ☐ Lesbian   ☐ Pansexual   ☐ Queer
- ☐ Questioning   ☐ Same Gender Loving   ☐ Two Spirit   ☐ Self-Identify   ☐ Prefer not to answer

If you selected Self-Identify, please specify: \_\_\_\_\_

**What is your race/ethnicity? (check all that apply)**

- ☐ American Indian/Alaskan Native
- ☐ Asian/Asian American
- ☐ Black/African American
- ☐ Latino/Latina/Latinx
- ☐ Middle Eastern or North African
- ☐ Multi-racial
- ☐ Native Hawaiian/Pacific Islander
- ☐ Southeast Asian
- ☐ White
- ☐ Prefer not to answer
- ☐ Self-Identify

If you selected Self-Identify, please specify: \_\_\_\_\_

**Are you the first in your family to attend college?**

- ☐ Yes   ☐ No

**Did you transfer from another campus/institution?**

- ☐ Yes   ☐ No

**Are you registered with the international student office?**

- ☐ Yes   ☐ No

If yes, what is your country of origin?

**Are you currently taking any medications for mental health concerns?**

☐ Yes ☐ No

If you selected "Yes", please specify: \_\_\_\_\_

If you are taking medications, who prescribes them for you? \_\_\_\_\_

**To what extent does your religious or spiritual preference play an important role in your life?**

☐ Very unimportant ☐ Unimportant ☐ Neutral ☐ Important ☐ Very Important

## **Additional Information**

**Have you ever:**

**Attended counseling for mental health concerns:**

☐ Never ☐ Prior to college ☐ After starting college ☐ Both

**Taken a prescription medication for mental health concerns:**

☐ Never ☐ Prior to college ☐ After starting college ☐ Both

**Been hospitalized for mental health concerns:**

☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ More than 5 times

**The last time you have been hospitalized for mental health concerns was:**

☐ Never ☐ within the last month ☐ within the last year ☐ within the last 1-5 years ☐ more than 5 years

**Purposely injured yourself without suicidal intent (e.g. cutting, hitting, burning, etc):**

☐ Yes ☐ No

**The last time you purposely injured yourself without suicidal intent:**

☐ Never ☐ within the last 2 weeks ☐ within the last month  
☐ within the last year ☐ within the last 1-5 years ☐ more than 5 years ago

**Seriously considered attempting suicide:**

☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 ☐ More than 5 times

**The last time you seriously considered suicide:**

☐ Never ☐ within the last 2 weeks ☐ within the last month  
☐ within the last year ☐ within the last 1-5 years ☐ more than 5 years ago

**Made a suicide attempt:**

☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 ☐ More than 5 times

**The last time you made a suicide attempt:**

☐ Never ☐ within the last 2 weeks ☐ within the last month  
☐ within the last year ☐ within the last 1-5 years ☐ more than 5 years ago

**Intentionally caused serious physical injury to another:**

☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 ☐ More than 5 times

**The last time you intentionally caused serious physical injury to another:**

☐ Never ☐ within the last 2 weeks ☐ within the last month  
☐ within the last year ☐ within the last 1-5 years ☐ more than 5 years ago

## **Insurance Coverage**

**\*\* Do you currently have health insurance:**

☐ Yes ☐ No

**If you do not have insurance, please just put an N/A in lines below:**

**\*\* Plan Name/Insurance Provider:**

**\*\* Member ID:**

**\*\* Group ID:**

## **Emergency Contact Information**

**Prior to your appointment today, please update your Emergency Contact Information below.**

**Close Personal/Emergency Contact (i.e., parent, friend, partner, sibling, roommate):**

**\*\* First and Last Name:**

**\*\* Relationship:**

**\*\* Phone Number:**

**\*\* Full Address:**