

Client Information Form

You may omit any item, but by providing all the information requested you can help to better serve you.

What is your main reason for seeking academic counseling?

What other significant concerns do you have?

What do you hope to accomplish through counseling?

Relationship Status: _____

Dependent Children: _____

Are you currently experiencing a crisis? Y N

If yes, describe the nature of the crisis:

How satisfied are you with your academic progress so far?

What barriers, if any, are impeding your academic progress?

What are your long-term education and vocational goals?

Have you ever been diagnosed with a learning disability? If so when and what was the diagnosis?

Can you provide official documentation? Y N

Do you have academic accommodations and are you currently utilizing them?

Personal Concerns Checklist

Please place an X in the blank to note any applicable concerns

- depression
- anxiety
- lack of concentration/poor focus
- lacking self-confidence
- irritable/angry
- difficulty making decisions
- poor time management skills
- feeling sad or blue
- problems with falling asleep/staying asleep
- issues with eating/food
- concerns with alcohol or substance use
- health concerns
- financial issues
- unable to express my feelings/stand up for myself
- relationship concerns
- difficulty with friends
- family problems
- discrimination
- spiritual concerns
- racial, cultural, or ethnic concerns
- loss/death of a significant person
- harassment/stalking
- feeling overwhelmed
- lack of motivation
- physical/emotional/verbal abuse
- thoughts of harming self or others
- have deliberately hurt myself
- other: _____