**COUNSELLING INTAKE FORM**

Note: This information is confidential

**Demographic Information**

**Name: Reporting Date:**

**Date of birth (Day, Month, and Year):** **Gender:**

**Subject (BE/MS/Ph.D.): Registration No:**

**School: Semester: Semester wise GPA:**

**Religion: Sect:**

**Home town: Mother Tongue: Residential Status: Hostelite**/**Day Scholar**

**E-mail: Contact No:**

**Emergency Contact/Relations:**

**Preferred Method of Contact**

**Phone ⁯ Email** ⁯ **Personal Presence**

**Source of referral**

**Rector/Pro-Rector** ⁯ **Self** ⁯ **Administration Medical Doctor**

**Principal/Dean/Teacher** ⁯ **Family** ⁯ **Friend Website**

**Basic Family Information**

1. **Father’s Name:**
2. **Father’s Age, Profession, Education:**
3. **Mother’s Age, Profession (if any), Education:**
4. **Are both parents living?**
5. **Number of siblings?**
6. **Your birth order among your siblings?**
7. **Siblings:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.NO** | **B/S** | **Age** | **Education** | **Profession** | **Marital Status** |
|  |  |  |  |  |  |

**Counselling History**

1. **Have you had previous experience of counselling? Yes No**

**If Yes, when**

1. **Reasons for previous consultations**
2. **Current concerns in details**
3. **Duration of current concerns**

**Few days** ⁯ **Week** ⁯**Month**

**Several Months** ⁯ **Year** ⁯**More than a year**

1. **Are you currently taking any medications? Yes No**

**If yes, please mention**

1. **Any mishap/ trauma/accident faced by you/ your family?**
2. **Do you have a history of substance use/smoking Yes No**
3. **How many fast friends do you have?**
4. **Which career would you like to adopt?**

**Describe Yourself**

**Strengths:**

**Areas of Improvement:**

**Goals**

|  |
| --- |
| **Psychologist/ Counsellor’s Remarks** |
| **Main Concerns:** …………………………………………………….…….…. |
| **Psychologist/Counsellor:** ……………………………………………………. |