

# COUNSELLING INTAKE FORM

Note: This information is confidential

## Demographic Information

Name: \_\_\_\_\_ Reporting Date: \_\_\_\_\_

Date of birth (Day, Month, and Year): \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ School: \_\_\_\_\_ Subject: \_\_\_\_\_

Semester: \_\_\_\_\_ BE/MS/Ph.D.: \_\_\_\_\_ Registration No: \_\_\_\_\_

Home town: \_\_\_\_\_

Residential Status:  Hostelite  Day Scholar

Marital Status:  Single  Engaged  Married  Divorced  Widowed

E-mail: \_\_\_\_\_ Contact No: \_\_\_\_\_

Emergency Contact and Relation: \_\_\_\_\_

## Source of referral

| Source                 | ✓ | Source         | ✓ |
|------------------------|---|----------------|---|
| Rector/Pro-Rector      |   | Friend         |   |
| Principal/Dean/Teacher |   | Family         |   |
| Administration         |   | Medical Doctor |   |

## **From where you got to know about C3A?**

| Source                  | ✓ | Source                   | ✓ |
|-------------------------|---|--------------------------|---|
| C3A Orientation Session |   | Friend                   |   |
| C3A/ NUST Website       |   | Any Other Source : ----- |   |
| Social Media            |   |                          |   |

## Basic Family Information

1. Father's Name: .....

2. Father's Age, Profession, Education: .....

3. Mother's Age, Profession, Education: .....

- 4. Are both parents living? .....
- 5. Number of siblings? .....
- 6. Your birth order among your siblings? .....

**Counselling History**

1. Type of counselling required:  Psychological Counselling  Career Counselling

2. Have you had previous experience of counselling? Yes      No

If Yes, when .....

3. Reasons for previous consultations .....

4. Current concerns in detail .....

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5. Duration of current concerns

Few days                       Week                       Month

Several Months               Year                       More than a year

6. Are you currently taking any medications? Yes      No

If yes, please mention .....

7. Any mishap/ trauma/accident faced by you/ your family? .....

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8. Do you have a history of substance use? Yes      No

9. What are your goals for counselling? .....

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**Psychologist/ Career Counsellor's Remarks**

**Main Concerns:** .....

**Psychologist/Counsellor:** .....