



UIW Counseling Services Group Intake Form

Please check which group you are interested in attending:

- Therapeutic Yoga
- Coping with Anxiety
- Navigating Relationships
- Managing Emotion: Working through Depression
- Cinematherapy: Movies as Therapy

Name: _____ Date: _____
(Last) (First) (M.I.)

Name you wish to be called: _____ Age: _____ Date of birth: _____

Address: _____

Phone number: _____ May we leave voice messages? _____

Preferred email address: _____ Student ID: _____

Classification: High School Undergraduate Graduate Nursing Master of Biomedical
Sciences Optometry Osteopathic Medicine Pharmacy Physical Therapy

Major(s): _____

Gender: Male Female Do not wish to disclose

Gender Identity: Male Female Transgender M-F Transgender F-M
Genderqueer / Gender Non-Binary Other: _____

Racial/Ethnic Identity(check all that apply): Caucasian African American or Black
Hispanic or Latino Asian (including Indian subcontinent) or Pacific
Islander Other: _____

Is religion or spirituality important to you: Yes, religion: _____ No

Do any of the following describe you? (Check all that apply)

- First-generation college student (parents/guardians did not graduate from a 4yr college)
- Intercollegiate athlete
- Member of TRIO Program
- Veteran

Have a disability. Please list: _____

Registered with Student Disability Services? No Yes

Are you experiencing an emotional crisis today? No Yes

Rate your level of distress *right now* on a scale of 0 (no distress) to 10 (extreme distress) _____