UNIVERSITY OF THE INCARNATE WORD
BEHAVIORAL HEALTH SERVICES

UIW Counseling Services Intake Form

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: _____

Preference for session: ☐ In-person ☐ Virtual ☐ Either

Please provide your available times for an appointment:

_____
_____
_____
_____
_____

If virtual, where will you be attending the session?

Address: _____ City_____ State _____

Classification: ☐ Undergraduate ☐ Graduate ☐ Nursing ☐ Occupational Therapy ☐ Physical Therapy ☐ Optometry ☐ SOM ☐ Master of Biomedical Sciences ☐ Pharmacy ☐ Athletic Training

Gender: ☐ Male ☐ Female ☐ Do not wish to disclose

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

Sexual Orientation: ☐ Heterosexual ☐ Lesbian or Gay ☐ Bisexual ☐ Questioning ☐ Other: _____

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

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

What is your major at UIW? _____

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

☐ First-generation college student
☐ Intercollegiate athlete

☐ Member of TRIO program
☐ Veteran
☐ International Student
- If yes, what country? _____

☐ Have a disability?
- If yes, have you registered with Student Disability Services? ☐ Yes ☐ No
  - If not, are you interested in being connected with Student Disability Services? ☐ Yes ☐ No

Were you referred to Behavioral Health Services? ☐ Yes ☐ No
If so, by whom? _____

Have you previously been a client of UIW Behavioral Health Services? ☐ Yes ☐ No

Emergency Contact Name: _____
Phone: _____ Relationship: _____

Are you experiencing an emotional crisis today? ☐ Yes ☐ No
Rate your current level of distress on a scale of 0 (no distress) to 10 (extreme distress) _____

Which of the following best describes why you would like to speak with a counselor? (Check all that apply)
☐ Personal or Relationship Concern
☐ Recent physical or sexual assault
☐ Grief or Loss
☐ Having trouble adjusting to recent changes in life or unsure about future
☐ Substance use concerns
☐ Academic performance/grade concerns
☐ Career concerns
☐ Seeking an off-campus referral (e.g., specialty care, higher level of care)
☐ Seeking one-time consultation (e.g., have a question, concern for another student)
☐ Considering withdrawing from UIW?
☐ Other: _____

What specific concern(s) would you like to discuss with a counselor?
_____
_____
_____

Have you been diagnosed with any of the following diagnoses? (Check all that apply)
☐ Depressive disorder
☐ Anxiety disorder
☐ Post Traumatic Stress Disorder (PTSD)
☐ Bipolar I or II Disorder
☐ Autism Spectrum Disorder
☐ Attention Deficit/Hyperactivity Disorder
☐ Learning Disorder
☐ Eating Disorder
☐ Personality Disorder
☐ Substance Use or Abuse Disorder
☐ Other: _____

Have you ever been prescribed medication for mental health concerns?

☐ Yes, before starting at UIW
☐ Yes, since I started at UIW
☐ No
- If yes, are you currently taking your prescribed medication? ☐ Yes ☐ No

Please list any medications you are currently taking:

Medication	Dose	Prescribed by

Do you have any medical conditions? If so, please list below and your current treating provider.

_____
_____
_____
_____

Substance Use:

Have you recently (within the last 6 months) been under the influence of alcohol or other chemicals?
☐ No ☐ Yes, please explain:

_____
_____
_____
_____

What substances have you used in the past (if any)?

☐ Alcohol
☐ Marijuana
☐ Nicotine
☐ Narcotics
☐ Hallucinogens
☐ Inhalants
☐ Other: _____
☐ N/A

Factors/impact related to substance use: (check all that apply)

☐ Recent increase in use
☐ Using substances to relieve mental health symptoms.
☐ Use of substances worsens mental health symptoms.
☐ Substance use is interfering with work/life/school/relationships
☐ Others complain about my substance use
☐ Physical symptoms of substance use (e.g., shaking, sweating, irritability, restlessness, insomnia, etc.)
☐ Been hospitalized or being to residential treatment due to substance use
- If so, where: _____ when: _____

☐ Legal issues due to substance use? ☐ Yes ☐ No
☐ Other: _____

PHQ -2

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	☐	☐	☐	☐
2. Feeling down, depressed, or hopeless	☐	☐	☐	☐

GAD-2

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	☐	☐	☐	☐
2. Not being able to stop or control worrying	☐	☐	☐	☐