



## The Mico University College Student Counselling Service Intake Form

Telephone: (876) 564-8915 | Email: guidance.counsellor@themico.edu.jm

To serve you better we need information about the persons who access our services. All information shared will be held in the strictest of confidence. **PLEASE COMPLETE ALL APPLICABLE SECTIONS. Do not make any adjustments to any area of this form.**

Last Name	First Name	Middle Name	Maiden Name	Today's Date (dd/mm/yyyy) enter date
Permanent Address			Email	
Cell Phone		Work Phone		Home Phone
ID #	MICO Status <input type="checkbox"/> Student <input type="checkbox"/> Staff		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age  Date of Birth (dd/mm/yyyy) enter date
Nationality	Religion & Denomination		Attendance at place of worship <input type="checkbox"/> Regular <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at all	
Housing <input type="checkbox"/> On campus <input type="checkbox"/> Off campus Living with: <input type="checkbox"/> Self <input type="checkbox"/> Siblings/relatives <input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Roommate(s) <input type="checkbox"/> Children (How many? )			Relationship Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Committed Relationship <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	
Employment Status <input type="checkbox"/> Temporary <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Contract <input type="checkbox"/> Never employed		Employment Experiences <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral		Employed at  Occupation
Education Status			Student Status	Enrollment
Faculty <input type="checkbox"/> Humanities & Liberal Arts <input type="checkbox"/> Science & Technology <input type="checkbox"/> Education		Programme of Study		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
		Entrance Date enter date		Anticipated graduation date enter date
Who referred you to the Counselling Service? <input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other		Have you been experiencing any of the following over the past month? <input type="checkbox"/> Anxiety <input type="checkbox"/> Loss of interest in pleasurable things <input type="checkbox"/> Depression <input type="checkbox"/> Sleeping Problems <input type="checkbox"/> Irritability, anger <input type="checkbox"/> Suicidal feelings <input type="checkbox"/> Change in appetite <input type="checkbox"/> Active plans to harm self		
Are you presently or have you been on medication for this or a related condition?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state when and where		Do you have any disability or mental condition you would like your therapist to know about?  <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe		Have you been in therapy or hospitalized for mental health reasons before now?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state when and where
What is your main reason for coming to the counselling service at this time?				
What have you tried to do about the cause and/or effects of your situation? Describe solutions attempted			What do you hope to achieve in your work with the counsellor?	

Please list a few of your strengths/abilities	Is there any additional information you wish to share?
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Family Tree 1 – Your Parents and Siblings									
Mother's Name					Age		Occupation		
Father's Name					Age		Occupation		
Mother's Children from other union(s), if any			Children of both parents' union (including you)			Father's Children from other union(s)			
Age	Sex	Occupation	Age	Sex	Occupation	Age	Sex	Occupation	

Family Tree 2 – Your Spouse and Children									
Spouse's Name					Age		Occupation		
Your children from other union(s) if any			Children of your current union			Spouse's children from other union(s), if any			
Age	Sex	Occupation	Age	Sex	Occupation	Age	Sex	Occupation	

Contact the following two persons listed below in case of emergency. If you are the dependant of a Mico staff member, that staff member should be one of the contacts.

1. Name: \_\_\_\_\_ Relationship:  Family member  Friend  Other  
Address: \_\_\_\_\_  
Mico Department (If applicable) \_\_\_\_\_  
Phone number: Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship:  Family member  Friend  Other  
Address: \_\_\_\_\_  
Phone number: Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Client's Name	Client's Signature	enter date Date
Guidance Counsellor's Name	Guidance Counsellor's Signature	enter date Date