

FOR OFFICIAL USE ONLY REG _____

Appt:

Date _____ Time _____ Clin _____

Client to call _____/to be called _____

CLIENT INFORMATION/INTAKE SHEET

**UNIVERSITY COUNSELLING SERVICE
THE UNIVERSITY OF THE WEST INDIES**

FOR OFFICIAL USE ONLY

Completed by Client Parent/Guardian

Other (state) _____

S/U done by _____ on _____

To serve you better we need a few facts about the persons who visit us. **PLEASE COMPLETE ALL APPLICABLE SECTIONS.**

Last Name		First Name		Middle Name		Maiden Name		Today's Date (dd/mm/yyyy)	
Cell Phone			Work Phone			Home Phone			
ID #		UWI Status <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Retiree <input type="checkbox"/> Staff Dependant (Spouse/ Child/Other _____)			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Age		Date of Birth (dd/mm/yyyy)
Nationality		Employment Status <input type="checkbox"/> Temporary <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Contract <input type="checkbox"/> Other (state) _____ Hours per week _____			Employed at				
					Occupation				
School (if not attending UWI)				Last institution attended (prior to current facility)				Yr completed	
Permanent Address									
Semester Address (Students Only) (If you reside on hall, please include cluster and room number)									
E-mail Address				Religion & Denomination			Attendance at place of worship <input type="checkbox"/> Regularly <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at all		
Current marital/relationship Status <input type="checkbox"/> Single (never married) <input type="checkbox"/> Separated <input type="checkbox"/> Living in a committed relationship <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed <input type="checkbox"/> Married No of children: Sons ___ Daughters ___					Residence <input type="checkbox"/> With parent(s) <input type="checkbox"/> Boarding <input type="checkbox"/> With sibling/relative <input type="checkbox"/> UWI Housing (students only) <input type="checkbox"/> With partner <input type="checkbox"/> Other (state) _____ <input type="checkbox"/> Self _____				
UWI FACULTY/AFFILIATE					Student Status		Current Financing		
<input type="checkbox"/> Humanities & Education <input type="checkbox"/> Science & Technology <input type="checkbox"/> Social Sciences <input type="checkbox"/> Medical Sciences (MBBS/DDS/DM) (Yr _____) <input type="checkbox"/> Medical Sciences (Non-MBBS/DD) <input type="checkbox"/> Law <input type="checkbox"/> Norman Manley Law School (Yr _____) <input type="checkbox"/> Inst for Gender & Dev Studies			<input type="checkbox"/> Other (state) _____ _____ Major/Programme of Study _____ Entrance date for current programme of study ____ / ____ Enrolment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Anticipated graduation date _____		Undergraduate <input type="checkbox"/> Preliminary <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 Graduate <input type="checkbox"/> Specially Admitted		<input type="checkbox"/> Parent(s) <input type="checkbox"/> Self <input type="checkbox"/> Student Loan <input type="checkbox"/> Scholarship/Bursary <input type="checkbox"/> Other (state) _____		
Who referred you to the Counselling Service?									
<input type="checkbox"/> Self		<input type="checkbox"/> UWIHELPS/Peer Support Provider		<input type="checkbox"/> SSDM/RA		<input type="checkbox"/> HRM Division			
<input type="checkbox"/> Family		<input type="checkbox"/> Health Centre Staff (incl Dr)		<input type="checkbox"/> Office of Student Financing		<input type="checkbox"/> Security/Police			
<input type="checkbox"/> Friend(s)		<input type="checkbox"/> Faculty Office		<input type="checkbox"/> Academic Staff/Advisor		<input type="checkbox"/> Pvt Physician/Psychiatrist			
<input type="checkbox"/> High School Counsellor/Teacher/Principal		<input type="checkbox"/> Admissions Office		<input type="checkbox"/> Examinations Section		<input type="checkbox"/> Other (state)			
		<input type="checkbox"/> Student Services		<input type="checkbox"/> Supervisor/Head of Dept		_____			

