FOR OFFICIAL Appt:	REG	
Date	Time	Clin
Client to call		

CLIENT INFORMATION/INTAKE SHEET

UNIVERSITY COUNSELLING SERVICE THE UNIVERSITY OF THE WEST INDIES

FOR OFFICIAL USE ONLY						
Completed by □Client □Parent/Guardan						
Other (state)						
S/U done by on						

To serve you better we need a	a few facts about	t the persons w	ho visit ι	ıs. PLEASE CO	MPLET	E ALL APP	LICABLE SE	CTIONS.			
Last Name	Middle Name				Maiden N	Today's Date					
								(dd/mm/yyyy)			
Cell Phone	1	Work Phone	ork Phone			Home Phone					
ID#	UWI Status				Gender		Age		Date of Birth		
	□Student □S	taff □Retiree				□Male □Female			(dd/mm/yyyy)		
	□Staff Depen	dant (Spouse/ 0	Child/Ot	her)							
Nationality	Employment	Status				Employed at					
	☐Temporary [□Full-time □Par	rt-time 🗆	Contract							
	□Other (state)			Occup	ation					
	Hours per week								T		
School (if not attending UWI)		Last	institut	ion attended (prior to	current	facility)		Yr completed		
Permanent Address									•		
Semester Address (Students O	nly) (If you re	eside on hall, pl	ease inc	lude cluster a	nd roon	n number	·)				
E-mail Address		Religion &	Religion & Denomination				Attendance at place of worship				
2 man / taul ess		nengion e	Religion & Denomination				es Not at all				
				1							
Current marital/relationship S		Residence									
☐Single (never married)		eparated					ng				
☐ Living in a committed relation	onship 🗆 D	ivorced	vorced			ive	□UWI H	ousing (s	tudents only)		
☐ Engaged		idowed □With partn			ner		□Other	(state)			
☐ Married	No (f children: □Self									
	Son	sDaughters	Daughters								
UWI FACULTY/AFFILIATE						tudent St		Current	t Financing		
☐Humanities & Education		□Other (state)				ndergradı		□Parer	nt(s)		
□Science & Technology		Major/Progra	Major/Programmo of Study			_ □Preliminary		□Self			
□Social Sciences		iviajoi/Piogra	Major/Programme of Study			□Level 1		□Student Loan			
☐Medical Sciences(MBBS/DDS		Entrance date for current			□Level 2		□Scholarship/Bursary				
☐Medical Sciences (Non-MBBS	-	programme of study/			□Level 3			r (state)			
□Law □Norman Manley Law S		Enrolment: Full-time Part-time									
☐ Inst for Gender & Dev Studie	es	Anticipated g	nticipated graduation date			Specially	Admitted				
Who referred you to the Coun	selling Service?										
			r Support Provider			□ HRM			M Division		
·	e Staff (incl Dr)	\Box aff (incl Dr) \Box Office of St			tudent Financing						
	☐ Faculty Office		☐ Academic S			lvisor	□ Pvt F	hysician,	/Psychiatrist		
,	☐ Admissions O	office	e □ Examinatio			ion					
Teacher/Principal	ces	☐ Supervisor/			of Dept						

	Have you been experiencing any of the following over the past					Are you presently or have you been on medication for this or a								
month	th?					related condition? □Yes □No. If so, what kind and for how								
□ Anx	iety		$\square Loss$ of interest in pleasurable things					ng?						
□Depi	ression	1	□Sleeping problems											
□Irrita	bility,	anger	□Suicidal feelings											
□Char	□Changes in appetite □Active plans to harm self													
Do you have a disability or medical Were you a previous						revious		Have you	been in the	erapy o	or hosp	oitalized for mental health		
condit	ion yo	u would like y	our therapist	client of the Counselling				=			-		re	
				Service? □Yes □No				reasons before now? Yes No If yes, state when and when						
				If yes, when										
What	What is the main reason for coming to the Counselling Service at this time?													
What	have y	ou tried to do	about the cause	and/or	effects	s of your	W	hat do you	ı hope to a	chieve	in you	r work with the Counsellor	?	
situati	on? D	escribe soluti	ons attempted.											
							Is there anything else you wish to share?							
												2		
			with a male or fo				Is	there any	thing else y	ou wis	sh to sl	nare?		
□Male	e □Fei	male 🗆 No pre	eference We will	try to a	ccomn		Is	there any	thing else y	ou wis	sh to sl	nare?		
□Male	e □Fei	male 🗆 No pre		try to a	ccomn		Is	there any	thing else y	ou wis	sh to sl	nare?		
□Male your p	e □Fei refere	male □No pre nce but this n	eference We will nay not always be	try to a	ccomn		Is	there any	thing else y	ou wis	sh to sl	nare?		
□Male your p	e □Fei refere	male □No pro nce but this n	eference We will	try to a	ccomn		Is				sh to sl	nare?		
your p	refere Y TREE	male □No pro nce but this n E 1 – Your Paro me	eference We will nay not always be	try to a	ccomn		Is	Age	Occupati	on	sh to sl	nare?		
your p	refere Y TREE	male □No pro nce but this n E 1 – Your Paro ne	eference We will nay not always be	try to a	le.	nodate			Occupati Occupati	on on		dren from other union(s),		
FAMIL Mother	Y TREE r's Nam r's Chil	male □No pronce but this n 1 - Your Parone e Idren from oth	eference We will nay not always be ents and Siblings	child	ren of	nodate both pare	ents	Age Age ' union (inc	Occupati Occupati	on on Fathe	er's Chil	dren from other union(s), if any		
your p	refere Y TREE	male □No pro nce but this n E 1 – Your Paro ne	eference We will nay not always be ents and Siblings	try to a	le.	nodate	ents	Age Age ' union (inc	Occupati Occupati	on on		dren from other union(s),		
FAMIL Mother	Y TREE r's Nam r's Chil	male □No pronce but this n 1 - Your Parone e Idren from oth	eference We will nay not always be ents and Siblings	child	ren of	nodate both pare	ents	Age Age ' union (inc	Occupati Occupati	on on Fathe	er's Chil	dren from other union(s), if any		
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FAM	ILY TRE	E 2 – Spouse and Children									
•	se's Na		Age Occupa								
Your children from other union(s), if any			Children of your current union							ildren from other union(s), if any	
Age	Sex	Occupation	Age	Sex	Occupation			Age	Sex	Occupation	
men	ber sho	following two persons listed belould be one of the contacts. If yo	ou are a	are a n	on-Jamaican	resident, o	ne contact	shoul	d be lo	cal.	
		s:epartment (if applicable)									
		number: Cell							ome: _		
2.	Name:					Relationshi	p: □Family	/ meml	ber	□Friend □Other	
		s: number: Cell						———	me:		
I, have	provide	ed the names of two persons whows for the release of relevant in g circumstances:	o are t	, ha	ave read the gontacted in ca	guidelines i	regarding t	he pro	cess ar	nd rules of counselling and e below acknowledges this,	
	(a)	to ensure appropriate medical									
	(b)	in situations where my counsel				_	-		ild Ca	so and Drotoctics A+ (2004)	
	(c) (d)	where a child is suspected of be where such data is to be used f	_		•				ına Car	e and Protection Act (2004)	
My s	ignatur	e below also acknowledges my a	greem	ent wi	th these term	s and conc	litions.				
Clier	t (or au	thorized person, e.g. parent):							Da	te:	
Witr	ess:								Da	ate:	