University Counseling and Wellbeing Center (UCWC)
Group/Workshop Intake Form

Name: ____________________________ Date of Birth: __________________________

Local Phone: ______________________ Email: ________________________________

Local Address: _____________________________________________________________

May UCWC contact you by:
Phone:  Y  N  Email:  Y  N  Snail Mail:  Y  N

Academic School: ______________________ Major: _____________________________

Year in School: ___________ Cumulative GPA: _________ Last Semester GPA: ________

Relationship status (e.g., single, partnered, married, divorced): ________________

Are you currently employed?  N  Y  Hours per week: ________________

Please describe the concerns that led you to contact UCWC regarding a group or workshop:

How do you envision the group will help you to meet your goals regarding these concerns?

Do you have any questions or concerns about what it might be like to participate in a group or workshop?

Have you participated in support/therapy groups previously?  Y  N
If yes: when and where? ___________________________________________________________
How was/wasn’t it helpful: ___________________________________________________________

Have you participated in individual counseling/therapy before?  Y  N
If yes: when and where? ___________________________________________________________
How was/wasn’t it helpful: ___________________________________________________________

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