

Regis University Office of Counseling & Personal Development
Personal Information/Intake Form

Name: _____
(First) (M.I.) (Last)

Date: _____
DOB: ____/____/____

1. **Local Address:** _____ Phone: _____
OK to call phone and leave message? ____ Yes ____ No

*Email address: _____
(*keep in mind that email correspondence cannot be guaranteed as a confidential form of communication)
OK to email? ____ Yes ____ No

2. **Permanent Address:** _____

3. Class: ____ Freshman ____ Sophomore ____ Junior ____ Senior ____ Doctoral Physical Therapy ____ Accelerated Nursing ____ Doctoral Pharmacy ____ Masters Biomedical Sciences ____ CHOICE Nursing	4. Group Affiliation: (check all) ____ RA/PM ____ Student Athlete ____ Commitment Program ____ Arrupe Student ____ Traditional Nursing ____ RHCHP Student ____ Veteran/Military ____ Family member of Vet/Military ____ None of the above	5. Ethnic Origin: (check all) ____ Caucasian ____ Asian/Asian Am. ____ Black/African Am. ____ Latino(a)/Mexican Am. ____ Native American/Indian ____ International ____ Other: _____
--	---	--

6. **Residence:** ____ DeSmet ____ O'Connell ____ West ____ Residence Village/Townhomes
____ Pomponio Apartments ____ Other University Housing ____ Off campus

7. **Gender:** ____ Male
____ Female
____ Transgender
____ Prefer not to answer
____ Other: _____

8. **Sexual Orientation:** ____ Heterosexual
____ Gay
____ Lesbian
____ Bisexual
____ Queer
____ Questioning
____ Asexual
____ Prefer not to answer
____ Other: _____

9. **Religion:** ____ Agnostic ____ Atheist ____ Buddhist ____ Jewish
____ Catholic ____ Christian ____ Hindu ____ Muslim
____ No preference ____ Prefer not to answer
____ Other (specify): _____

(OVER)

10. How did you hear about us? Referred by?

- | | |
|---|--|
| <input type="checkbox"/> Professor | <input type="checkbox"/> Commitment Program |
| <input type="checkbox"/> Friend/Roommate | <input type="checkbox"/> RA |
| <input type="checkbox"/> Website/INSITE/Campus Publication/Stall Street Journal | <input type="checkbox"/> PM/University Ministry |
| <input type="checkbox"/> CHOICES/Active Minds student | <input type="checkbox"/> Orientation |
| <input type="checkbox"/> Classroom/Outreach Presentation | <input type="checkbox"/> Student Health Services |
| <input type="checkbox"/> Residence Life Staff | <input type="checkbox"/> Student Activities |
| <input type="checkbox"/> Diane McSheehy, Dean of Students | <input type="checkbox"/> Off campus/community therapist |
| <input type="checkbox"/> Coach/Trainer/Athletic Department | <input type="checkbox"/> Information table in Student Center |
| <input type="checkbox"/> Returning counseling client | <input type="checkbox"/> Parent/Guardian/Family member |
| <input type="checkbox"/> Lorna Dwyer, Title IX Coordinator | <input type="checkbox"/> Student Disability Services |
| <input type="checkbox"/> Andrea Thyrring, Violence Prevention Program Coord. | <input type="checkbox"/> Other: _____ |

11. Are you currently taking any medication? If so, list: _____

12. Emergency Contact (name/phone number/relation to you): _____

13. Previous Counseling at Regis University OCPD? Yes No

If yes, with whom/when? _____

14. Previous Counseling elsewhere? Yes No

If yes, when/who/where? _____

15. Reason for coming in? _____
