

STUDENT COUNSELING SERVICES

Client Information Sheet

Personal Data

Client Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Student Data:

Undergraduate Major: _____ Graduation Year: _____

Graduate Major: _____ Graduation Year: _____

On-campus housing? Yes No If yes, where? _____

Student groups, clubs, or organizations? Yes No List: _____

Academic Probation? Yes No Disciplinary Action? Yes No

How did you hear about counseling services? _____