

**Duquesne University Counseling Center (DUCC)  
Group/Workshop Intake Form**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Local Address \_\_\_\_\_

May DUCC contact you via:

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: \_\_\_\_\_

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Please describe the concerns that led you to contact DUCC 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: \_\_\_\_\_