

**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: _____