



Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client can be seen by:  
 Student  
 Intern/Licensed  
Clinician

Parent/Guardian (if client is under 16): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please check the box if it is NOT ok to send mail to this address.

Phone Number: \_\_\_\_\_ Okay to leave detailed message?  Yes  No

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Employer: \_\_\_\_\_ School: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

UCD Student:  No  Yes, Student ID Number: \_\_\_\_\_

Are you  Undergraduate  Graduate **Military Veteran: YES/NO** **International Student: YES/NO**

Counseling Services you are seeking:  Individual Adult  Child  Couple  Family  Group

Available times for appointments: (please check all available days)

Monday Times: \_\_\_\_\_

Tuesday Times: \_\_\_\_\_

Wednesday Times: \_\_\_\_\_

Thursday Times: \_\_\_\_\_

Friday Times: \_\_\_\_\_

How urgent is your  
need for counseling?  
Scale of 1-10  
1=low, 10=high  
\_\_\_\_\_

If you are seeking couple or family therapy, please complete the following information

<p>Client Name (Significant Other): _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Age: _____ Gender: _____ Ethnicity: _____</p> <p>Phone Number: _____ Okay to leave detailed message? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Employer: _____ School: _____</p> <p><b>Additional Family Members:</b></p> <p>Client Name: _____ Age: _____ Gender: _____ Ethnicity: _____</p> <p>Employment: _____ School: _____</p> <p>Client Name: _____ Age: _____ Gender: _____ Ethnicity: _____</p> <p>Employment: _____ School: _____</p>
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