

**Chancellor University  
Intake Form  
Counseling Services**

**Demographic Data:**

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

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

Semester: \_\_\_\_\_

**Family Composition:**

Name	Relationship	Age
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**Personal Information**

Are you presently involved with other community agencies? Yes \_\_\_\_ No \_\_\_\_

If yes, what agency? \_\_\_\_\_

Name of Therapist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Medical Doctor/Psychologist/Psychiatrist: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Other information you can provide at this time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

University Counselor's signature \_\_\_\_\_ Date \_\_\_\_\_