University of Minnesota Rochester

Counseling Department Intake Form

Date: _____

Personal Information

- First Name: _____
- Middle Name: _____
- Last Name: _____
- Date of Birth: _____
- Student ID: _____
- Preferred Name: _____
- Preferred Pronouns: _____

Contact Information

- Cell Phone: _____ (☐ OK to call/text)
- Home Phone: _____ (☐ OK to call)
- Email: _____ (☐ OK to email)
- Local Address: _____
- Permanent Address: _____

Emergency Contact

- Name: _____
- Relationship: _____
- Phone: _____

Demographics

- Gender: ☐ Male ☐ Female ☐ Transgender ☐ Fluid ☐ Other: _____
- Sexual Orientation: ☐ Asexual ☐ Bisexual ☐ Gay ☐ Hetero/Straight ☐ Other: _____

- Relationship Status: ☐ Single ☐ Dating ☐ Partnered ☐ Married ☐ Other: _____
- Academic Year: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Other: _____
- Major: _____
- Minor: _____
- Current Credit Load: _____
- Anticipated Graduation Date: _____
- Military Service Status: ☐ Active ☐ Veteran ☐ ROTC ☐ National Guard ☐ None
- Country of Citizenship: _____
- Ethnic Background: _____
- Languages Spoken: _____
- Religious/Spiritual Affiliation: _____

Referral Source

How did you learn about Student Counseling Services? (Check all that apply)

☐ Academic Advisor ☐ Faculty ☐ Friend ☐ Family ☐ Website

☐ Disability Resource Center ☐ Raptor Report ☐ General Knoweledge ☐

☐ Other: _____

Signature: _____
Date: _____