Counseling & Psychological Services
225 Calhoun Street, Suite 200
Cincinnati OH 45219

Phone (513) 556-0648
Fax (513) 556-2302

Request for Services
Counseling

Date: _____

Name: _____ _____ _____
First Middle Last

Student ID: _____ DOB: _____/_____/_____ Gender: □ male □ female
Month Day Year □ transgender

SSN: _____

Local address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work phone: _____ Other phone: _____
(*Please circle preferred phone number.)

May a message be left on your recording machine or voice-mail? □ Yes □ No
May we identify ourselves as CAPS? □ Yes □ No

Special instructions about leaving messages: _____
_____

In case of emergency please call: _____ Phone: _____
Name, relationship

College:
□ A&S □ Business □ CCM □ DAAP □ Educ. □ CJ & Human Services □ Engineering □ Nursing
□ CAT □ Law □ Medicine □ Pharmacy □ Social Work □ OCAS □ RWC
□ Clermont □ Other: _____

Student Status: □ full-time □ part-time
Undergraduate □ 1st year □ 2nd year □ 3rd year □ 4th year □ 5th year+
Graduate □ 1st year □ 2nd year □ 3rd year □ 4th year □ 5th year+
International Student: □ Yes □ No -If yes, country of citizenship? _____

Race/ethnicity:
□ Caucasian □ Black/African-American □ Hispanic/Latino □ Asian/Pacific Islander
□ American Indian/Alaskan Native □ Bi/Multi Racial □ Other: _____

Please check all that apply:
- □ I am interested in an assessment.
- □ I would like to discuss academic concerns.
- □ I would like to discuss my feelings, relationships, or other personal problems
- □ I'm considering dropping out of college
- □ I'm considering transferring from UC to another college
- □ Over the past year, my GPA has been: □ declining □ improving □ the same

Have you ever been treated for learning disability, attention related problems or emotional problems/difficulties? □Yes □ No
If "Yes", please list where, when, how long and for what reason(s):

Have you been seen by anyone in CAPS in the past 30 days? □Yes □ No

Below is a list of problems people sometimes have. Please indicate which ones are problems for you at this time. Check all that apply:

Personal relationship
□ Friend
□ Schoolmate
□ Romantic
□ Family
□ Sexual problem
□ Other

School or work difficulties
□ getting work done
□ Concentrating
□ Understanding material
□ Major/career choices
□ Conflict with faculty/supervisor
□ Conflict with peers

Use of substance
□ Alcohol
□ Drugs
□ Food/eating

Emotions
□ Anxiety/fear
□ Depression
□ Crying
□ Anger
□ Temper control

History of abuse
□ Childhood sexual abuse
□ Childhood physical abuse
□ Childhood emotional abuse
□ Adult sexual abuse
□ Adult physical assault

Physical problems
□ Aches and pains
□ frequent illness
□ Tired

High risk
□ Thoughts of harming self and/or others
What type?

How often?

□ Self-destructive behavior
What type?

How often?

Who referred you to CAPS?
□ Self
□ Instructor/professor
□ UC Women's Center
□ CAPS website
□ CAPS group, outreach, or workshop
□ Other: _____
□ University Health Services
□ Friend
□ UC REACH
□ UC Career Development Center
□ Other physician
□ Academic advisor