



Student Counselling Service @ Disted

distedcounselling@creativeartstherapy.org.my
<http://www.creativeartstherapy.org.my/distedcounselling.htm>

CCAT Office - Room 12 Crosby Hall. Disted College

Counselling Intake Form - PART A

The information in this form is requested for record-keeping and statistical purposes; it will not be used outside the Service in any way that identifies individuals. You can either complete the form digitally or write in the text boxes.

Surname		First Name	
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of birth	
Nationality		Ethnicity	

School:		Status:	Full-time / Part-time
Programme:		Level (BA, Dip, Cert etc)	

Term Time Address:	
Email address:	
Telephone number:	
Is it OK to leave a message on your phone?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can we contact you by email?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Which is the best way of contacting you?	Phone <input type="checkbox"/> Email <input type="checkbox"/> SMS <input type="checkbox"/>

Referral: Who suggested that you came to see a counsellor? (Please tick)

No-one (self-referral)	<input type="checkbox"/>	Tutor	<input type="checkbox"/>
Friend	<input type="checkbox"/>	Other academic staff	<input type="checkbox"/>
Family member	<input type="checkbox"/>	Other (State)	<input type="checkbox"/>
Partner	<input type="checkbox"/>		

Have you used a Counselling Service before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current medication, if any:	

Other forms of help you have used previously or currently for related issue(s):	Previously	Currently
Medical Doctor	<input type="checkbox"/>	<input type="checkbox"/>

Counsellor	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist	<input type="checkbox"/>	<input type="checkbox"/>
Psychotherapist	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Other kind of specialist help	<input type="checkbox"/>	<input type="checkbox"/>

Availability

Please fill in the boxes below to show your availability: 'Y'= available; '?'= may be available; 'N' = not available. We will try and offer times when you are available but may offer non-preferred times to reduce the waiting period. **Very restricted availability is likely to delay counselling.**

Term time:

	9am	10	11	12	1pm	2	3	4	5	6
Mon										
Tue										
Wed										
Thu										
Fri										

Are you in Penang outside term time? If so, please indicate the likely dates:

Please sign to indicate that you have read the 'Information for anyone thinking about counselling' (available at: www.counselling.cam.ac.uk/students.html)

Signed (or type name)		Date	
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Please continue to Part B

To be filled in by the CCAT Student Counselling Service @ Disted

Date form returned:	
Date acknowledged:	
Appointment arrangements made:	
Client allocated ID:	

PART B

The information you provide here will help us to understand your needs and arrange for you to see an appropriate counsellor, so it is useful to have some information about the problem, even if brief. This information will be treated confidentially.

1. Your reasons for approaching the Counselling Service

Please describe what has led you to your seek counselling now. How long has this been a problem for you — and what other help have you had with it? How do your current difficulties affect you?

2. What are you hoping for from counselling?

What would you like to gain from counselling now? How would things be different if the difficulties were resolved?

3. Much of our work involves workshops and groups of various kinds.

Please indicate whether these might interest you?

- Structured groups with a focus on practical strategies:
- Ongoing counselling groups:

4. Is there anything else that you think is important which we should know?

Thank you.