



Corban Counseling Center

CLIENT INTAKE FORM

Date: _____

Name _____
Last First Middle

Address (If off campus) _____ Contact Phone _____

City _____ State _____ Zip Code _____

Residence Hall _____

Email Address _____

Reason for Appointment _____

Best days and times for appointment _____

Current level of distress

0 1 2 3 4 5 6 7 8 9 10

Mild

Moderate

Severe

Office Use Only:

Counselor: _____

Appointment: _____