

**Counseling & Psychological Services**

INITIAL INFORMATION – UCB STAFF and PUBLIC CLIENT CAREER COUNSELING

GRAY SHADED AREAS ARE FOR INTERNAL USE ONLY

<i>Date</i>	<i>Medical Record #</i>	<i>CPS Chart #</i> <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> New Client
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**STAFF / PUBLIC CLIENT INITIAL INFORMATION – Please fill out as completely as possible**

<i>Last Name</i>	<i>First Name</i>	<i>Middle</i>
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<i>Date of Birth</i>	<i>Age</i>	<i>Gender Identity</i> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transitioning	<i>Place of Birth</i>
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*Address:* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_ *ok to mail?*  No  Yes

<i>Primary Phone:</i> <input type="checkbox"/> Cell <input type="checkbox"/> Residence ( )	<i>Secondary Phone:</i> <input type="checkbox"/> Cell <input type="checkbox"/> Residence ( )	<i>Email Address:</i>  I understand that email may not be secure, but authorize CPS to contact me in exceptional circumstances <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>Okay to call?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes	<i>Okay to call?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes	

**Race / Ethnicity** *Check all that apply*

<input type="checkbox"/> African-American/Black	<input type="checkbox"/> Japanese/Japanese-American	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Decline to Answer
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Korean/Korean-American	<input type="checkbox"/> Polynesian/Micronesian	<input type="checkbox"/> Other(specify) _____
<input type="checkbox"/> Chinese/Chinese-American	<input type="checkbox"/> Mexican/Mexican-American/Chicano	<input type="checkbox"/> Puerto Rican	
<input type="checkbox"/> East Indian/Pakistani	<input type="checkbox"/> Middle-Eastern	<input type="checkbox"/> Vietnamese/Vietnamese-American	
<input type="checkbox"/> Filipino/Filipino-American	<input type="checkbox"/> Other Spanish-American/Latino	<input type="checkbox"/> White/Caucasian	

**How do you identify your sexual orientation?**

Heterosexual  Gay/Lesbian  Bisexual  Questioning  Decline to answer  Other \_\_\_\_\_

**Relationship Status**

Single  Domestic Partnership  Married  Separated  Divorced  Widowed

*Check all times you are NOT available for appts*

	8	9	10	11	12	1	2	3	4	<b>Have you had counseling or testing previously?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes please specify
Mon										<b>How did you find out about the UCB Career Counseling Program</b>
Tues										
Wed										
Thurs										<b>Briefly explain your reasons for seeking Career Counseling</b>
Fri										

**Please check those issues that are currently of concern to you.**

<b>Career Concerns</b> <input type="checkbox"/> Career / job related <input type="checkbox"/> Procrastination <input type="checkbox"/> Re-Entry concerns <input type="checkbox"/> Job Search <input type="checkbox"/> Other _____	<b>Personal</b> <input type="checkbox"/> Alcohol or drug use. <input type="checkbox"/> Anger management <input type="checkbox"/> Anxiety, fears, nervousness <input type="checkbox"/> Depression/sadness <input type="checkbox"/> Family problems	<input type="checkbox"/> Financial Difficulties <input type="checkbox"/> Harassment <input type="checkbox"/> Interpersonal issues <input type="checkbox"/> Loss, grief, or death <input type="checkbox"/> Medical or health related	<input type="checkbox"/> Multi-cultural issues <input type="checkbox"/> Self-esteem <input type="checkbox"/> Sense of self/identity <input type="checkbox"/> Stress or tension <input type="checkbox"/> Other _____
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**PERSONAL HISTORY**

1. Attach a current resume or list of previous work experience (include position, title, employer, dates of employment, location, primary duties, salary, hours, and reason for leaving).
2. List all educational institutions attended (use separate sheet if necessary)

Name	Location	Dates Attended	GPA	Degree	Major (if applicable)	Best Liked Class	Least liked class

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**3. Work-related skills (use separate sheet if necessary)**

Strongest work skills	Skills you want to develop

**4. List your significant non-work activities and interests (use separate sheet if necessary)**

Activities	Hobbies	Organizations/Clubs/Groups	Reading Interests

**5. Family – include parents, siblings, spouse/partner, children (use separate sheet if necessary)**

Name	Relationship	Age	Occupation	Level of Education

**\*\*On a separate sheet, please feel free to provide any additional information about yourself or your situation, including any potential obstacles to your career development, which you feel might be of importance in your counseling.**

**PRIVACY NOTIFICATION**

The principal purpose for requesting the information on this form is to aid the counselor who will be working with you. University policy authorizes maintenance of this information, and it is confidential in keeping with University policies applicable to Counseling and Psychological Services and applicable laws of the State of California. Furnishing the information requested is voluntary. There is no penalty for not completing the form.

Refer to the Notice of Privacy Practices which describes how mental health information about you may be used and disclosed.

The official responsible for maintaining the information contained on the form is the Director of Counseling and Psychological Services, Jeffrey Prince, Ph.D.

**CONFIDENTIALITY**

All information contained on this form and information collected within the process of counseling is confidential and will not be disclosed outside the University Health Services except upon your written request or in accordance with legal requirements, as in the case of child abuse or use of threats of actual harm to self or others. We may also discuss your case with your other health care providers in the University Health Services for purposes of your treatment only.

Please sign below to indicating you have read the above statement.

Thank you

**X**

*Signature*

*Date*

**Please return completed forms to the Career Counseling Library located at 2220 Bancroft Way or via fax at (510) 642-2368.**

**For Office Use Only**

Assigned Counselor	Appt Date	Appt Time
<i>Notes</i>		