

Client Information Form

Please provide the information requested below.

Identifying Information

First Name: _____

Last Name: _____

Date of Birth: _____ Age: _____

Gender Identity

____ Cisgender Man ____ Cisgender Woman

____ Genderqueer/Gender Non-Conforming

____ Trans Man ____ Trans Woman

____ Do Not Gender Identify

____ Additional Gender that Is Not Listed: _____

Identifying pronouns: _____

Ethnicity

____ African American ____ Asian American

____ Arab American ____ African

____ Euro American/White ____ Additional

____ Latinx/Hispanic ____ Prefer Not to Disclose

____ Multi-racial, specify: _____

____ Native Hawaiian/Additional Pacific Islander

____ American Indian/Native American

Your **Title/Position:** _____

CU Department: _____

Company Name if not a CU employee: _____

VC Area

____ Academic Affairs ____ Administration

____ Chancellor ____ Senior VC ____ Student Affairs

____ I am **NOT** a CU employee.

____ Research/Grad School ____ ODECE

____ Systems Administration

Relationship Status

____ Single ____ Divorced ____ First Marriage

____ Widowed ____ Re-Married ____ Co-habiting

____ Separated ____ Never Married

____ Additional: _____

Sexual Identity

____ Asexual/Aromantic

____ Bisexual/Pansexual/Fluid

____ Gay ____ Lesbian

____ Queer

____ Straight/Heterosexual

____ Different Sexual Orientation that Is Not Listed

____ Prefer Not to Disclose

Contact Information

Address: _____

City, State, Zip: _____

By providing contact numbers below, you give FSAP permission to contact you at all numbers provided.

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Permission for Email Contact

Email is not a secure or confidential communication medium. The University administration reserves the right to monitor email use. Therefore, FSAP does not guarantee that the contents of your email or emails from FSAP staff will not be read inappropriately. Others may see the content of your email messages. During an emergency, email is NOT recommended as a method to contact anyone at FSAP. In emergency situations, your email may not be seen or responded to immediately.

FSAP may contact me at the following email address(es):

Work Email: _____

Personal Email: _____

To authorize email contact, as indicated above, please sign:

Signature: _____

Emergency Contact

In an emergency, who should we contact?

Name: _____

Phone Number: _____

Relationship to you: _____

Disability Information

Do you identify as having a disability?

___ Yes Please specify: _____

___ No

Veteran Status

Are you a U.S. Veteran? ___ Yes ___ No

Health and Wellness Information

Health Insurance

Mark your type of insurance:

___ CU Exclusive ___ CU Kaiser

___ CU High-deductible ___ CU Extended ___ I do not have insurance

___ CU Medicare ___ non-CU plan

How did you learn of FSAP?

___ Self ___ FSAP Website

___ Co-Worker ___ Supervisor Other: _____

Distress Level

Please rate your **current level of distress** by marking **one** choice below:

___ Extremely distressed (I need help now).

___ Highly distressed (I need help soon).

___ Moderately distressed (I am distressed but managing for now).

___ A little bit distressed (I am uncomfortable at times but doing OK).

___ Not at all distressed.

Medical Treatment

Are you currently taking medication related to mental health or for a mental health diagnosis? Yes ___ No ___

If 'yes', name of medication: _____

Are you currently under the care of a medical or healthcare provider (including psychiatric care)? Yes ___ No ___

If 'yes', please specify: _____

Reason(s) for Assistance

Please tell us your reason(s) for seeking assistance from FSAP. Mark **all** that apply:

___ Communication in personal relationship(s)

___ Communication in work relationship(s)

___ Conflict in the workplace

___ Emotional/psychological concerns

___ Intimate relationship concern (regarding spouse/partner)

___ Family dynamics (parenting, eldercare, step-families, etc.)

___ Financial stress or strain

___ Legal Concerns

___ Medical or health issues

___ Substance use or abuse

___ Supervisor consultation (support regarding someone you are supervising)

___ Termination or lay-off

___ Work/career-path concern(s)

___ Other: _____

Employment Concerns

Have you been absent from work due to the reason(s) marked above?

___ Yes ___ No

Are you at risk of losing your job?

___ Yes ___ No

Experience with Counseling

Are you currently in counseling/therapy outside of FSAP?

___ Yes ___ No

Have you previously worked with an FSAP counselor?

___ Yes ___ No

Goals for Counseling and Consultation

1. _____

2. _____

Please tell us your goals for counseling or consultation sessions.

3. _____

4. _____

