



Goodwin College  
Self-Referral Intake Form

Please return this form to Suite 144 or email [Twood@goodwin.edu](mailto:Twood@goodwin.edu)

Date of Referral: \_\_\_\_\_ Year at Goodwin: \_\_\_\_\_ Student I.D.: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Contact Information:**

Advisor's Name: \_\_\_\_\_ Major: \_\_\_\_\_

Phone number where you can be reached: \_\_\_\_\_

Town in which you reside in: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Referral:**

How did you hear about Counseling Services? \_\_\_\_\_

Have you ever received counseling in the past: \_\_\_\_\_

**Reason for Referral:**

\_\_\_ Domestic Violence

\_\_\_ Substance Abuse (e.g., Drugs/Alcohol)

\_\_\_ Mental Illness (e.g., Depression, Anxiety, Suicidal thoughts, Etc.)

\_\_\_ Stress

\_\_\_ School (e.g., Tardiness/Absences, Late Homework, Study Skills, Time Management)

\_\_\_ Other: \_\_\_\_\_

**Level of Referral:**

\_\_\_ Mild

\_\_\_ Elevated

\_\_\_ Severe

\_\_\_ Extreme

Please give a brief description why you are seeking services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Counselor Reviewing Intake Form: \_\_\_\_\_

Counselor Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_