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INTAKE INTERVIEW FORM

Name: _____ Age: _____ Sex: _____
 Yr. & Sec.: _____ Mobile No.: _____ Email address: _____
 Date of Interview: _____ Time Started: _____ Time Ended: _____
 Current Address: _____

- Reason for Referral/Visit: Individual Counseling

 Group Counseling

 Individual Counseling through Referral
 Group Counseling through Referral

Direction: Check only the box of the statement/s that represents your concern/s.

PERSONAL

- I feel lonely and isolated.
- I do not feel confident about myself.
- I struggle to manage my anger, stress, and time.
- I need help making decisions.
- I want to experience independence.
- I have phobia or fears about _____
- I lie to people or tend to lie to people.
- I am doing/conducting self-harming activities: Slashing my wrist Head Banging Face Slapping Overdose Others: _____
- I need help taking responsibility (ex., Household chores, accomplishing school tasks, etc.)
- I have a vice/s in Alcohol Gambling Smoking Stealing Others: _____
- I don't practice any/my religion.
- I am having financial difficulties regarding: Tuition fees Rent Food Fare Clothing Allowance.
- I am having a health problem/s like: Migraine Insomnia Loss of appetite Allergy Incurable Others: _____
- Others (Please specify): _____

FAMILY

- I am in a broken family.
- I need help dealing with my parent or guardian's expectations/s and demand/s.
- I am struggling with drug abuse, gambling, and harassment of a family member/relative.
- I experience frequent arguments, avoidance, and physical conflict with a family member/s or relative/s.
- Our family is having a financial problem.
- I am having a hard time telling my family about my gender preference (ex., Lesbian, Gay)
- I am worried/troubled by a family member's illness.
- Others (Please specify): _____

GRIEF BEREAVEMENT

- I am mourning/still mourning the death of my: Mother Father Sibling/s Relative Friend Pet
- Because of the death (as mentioned above), I am having: Less/too much sleep Thoughts of ending my life
- Restlessness & irritation Difficulty to concentrate & remember
- Difficulty in making decisions Guilt, hopelessness, worthlessness.
- Others (Please specify): _____

INTERPERSONAL

- I am involved in bullying.
- I cannot handle peer pressure.
- I struggle with handling romantic relationships.
- I can't manage my emotions towards others.
- I have difficulty understanding other people's behavior.
- I need help in identifying solutions to a conflict or a problem.
- I struggle to display empathy towards others.
- I can't express my feelings and thoughts to others.
- I am being discriminated because of my: Race Sexual preference Religion Economic Status Physical disability Mental disability
- Others (Please specify): _____

ACADEMICS

- I have poor grades.
- I have test anxiety.
- I am not motivated to study because of: Homesickness An issue with a teacher Not being prepared/interested in College/Course.
- I have a problem being on time in class.
- I have difficulty in understanding the class lesson/s.
- Others (Please specify): _____



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FUTURE CAREER

- I am worried that my course will not match the job I'll attain after studying.
- I am not motivated or interested to attain a job after studying.
- I am not ready to work after studying.
- I worry about being discriminated against in my future workplace.
- Others (Please specify):

STUDENT'S SIGNATURE OVER PRINTED NAME