

**L-UNIVERSITÀ TA' MALTA**

Msida MSD 2080 - Malta



**UNIVERSITY OF MALTA**

**COUNSELLING SERVICES**

Msida MSD 2080 – Malta

**INTAKE SESSION** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Client Code:**

**Name:** \_\_\_\_\_

**Contact No:** \_\_\_\_\_ **ID No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Course:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Referral Issue:** \_\_\_\_\_

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

**Support System:** \_\_\_\_\_

**Significant Info:** \_\_\_\_\_

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

**Emergency Contact:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**Attended Counselling Before:** Yes  No   Tick if at University Counselling Unit

**When:** \_\_\_\_\_

**Expectations:** \_\_\_\_\_

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

Date of 1<sup>st</sup> Contact \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of 1st Counselling Session \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Attended Session – Yes  No