



University of Cambridge Staff Counselling Service

Pre-Counselling Form

There are two parts to this form. Part A is basic information for us. Part B covers areas which will enable you and us to start thinking about how counselling may be useful to you.

PART A Confidential

We keep records about the use of the Service. The following information is requested for statistical purposes only, and will not be used in any way that identifies individuals.

First Name .....

Surname .....

University Category: Staff - University [ ] Staff - College [ ]

Department .....

Work Contact Address:
.....
.....
.....

Home Contact Address:
.....
.....
.....

Telephone No.s Work ..... May we leave a message? Yes [ ] No [ ]

Home ..... May we leave a message? Yes [ ] No [ ]

Mobile..... May we leave a message? Yes [ ] No [ ]

Email address ..... Can we email you? Yes [ ] No [ ]

If not, which is the most effective means of contacting you? .....

For office use only

Table with 2 columns and 4 rows: Date form returned, Date which WL letter sent, Offer 1, Offer 2

GP (Name & Surgery) ..... Current medication, if any .....

Have you used this Counselling Service before? Yes, as a staff member   
Yes, as a student   
No

Gender F  M  Date of birth .....

Nationality (please specify) .....

To which ethnic group do you consider yourself to belong?

- White  Black-African
- Indian  Black-Caribbean
- Pakistani  Asian-Other
- Bangladeshi  Black-Other
- Chinese  Other

Please tick your employment group:

- Academic  Assistant
- Academic-Related  Technical
- Research Associate

**Referral:**

Did anyone suggest that you came to see a counsellor? Yes  No

If so, was it

- Friend  Occupational Health
- Colleague  Employee Support Helpline
- Department  GP
- HR  Mental Health Dep't
- Manager  Other

**Availability for Ongoing Appointments:**

Please put an X in the boxes below to indicate when it would be impossible for you to come to a counselling appointment. The more flexible you can be the easier it will be for us to respond quickly. We can sometimes offer appointments at 8.30 or 8.45am; please let us know if this would suit you.

Availability:

	9am	10	11	12	1pm	2	3	4	5	6
Mon										
Tue										
Wed										
Thu										
Fri										

Some of the counselling rooms are up one flight of stairs.

Please tick if a ground-floor room is needed.

All the information you provide is covered under the terms of the Data Protection Act 1998. Please sign to indicate that you have read the enclosed sheet 'Information about the UCS for those Staff seeking counselling'.

Signed ..... Date .....

## **PART B**

**The information that you give here will help us to understand and assess your needs. Please answer in your own words and write as much or as little as is comfortable for you. Use extra sheets of paper if you need to. This information will be treated confidentially.**

### **1. The Problem as you see it.**

Please describe what is difficult for you in your life and what has led you to seek counselling now?  
How long has this been a problem for you – and what other help have you had with it?  
How has this affected your health, physically and mentally?

### **2. Background to the problem**

Please give any ideas that you may have about the origins of this problem.  
Please mention any events in your life that may have contributed to your difficulty.

### **3. Coping**

How do you cope with this problem at the moment?

How are you coping with life in general? [Family/Relationships/Work/Finances]

What support do you have in your life? [Family, friends, social activities?]

Do you have any difficulties with alcohol, drugs and food?

At your worst, do you ever feel like harming yourself or others?

### **4. Counselling**

Have you been to counselling before? If so, please give details and any comments on it.

What would you like counselling to do for you now?

How you are feeling at the moment and how you relate to the world around you are two key indicators of well being.

It could be useful for our work together to take stock of how you are now in both these areas. At the end of counselling you will then have the opportunity to re-evaluate.

Please fill in the scales below.

**Please put an X to show how you are feeling at the moment:**

Very Unhappy 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Very Content

**How would you describe your relationships and social contacts with others at the moment:**

Very Unsatisfying 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Very Satisfying

**Please take or post to the University Counselling Service, 2-3 Bene't Place, Lensfield Rd.**

If you have completed the form electronically, first save it and then email it as an attachment to: [reception@counselling.cam.ac.uk](mailto:reception@counselling.cam.ac.uk) but **PLEASE NOTE** that we cannot guarantee that messages sent by email are confidential.