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| **Center for Health & Counseling Counseling Services****Confidential Intake Information** | Date: |
| Student/Employee ID: |
| First Name: Middle: Last: |
| Current Address: City, State: Zip Code: |
| Email: May we email you? ☐Yes ☐No |
| Best phone # to reach you: ☐Cell ☐Home ☐Work |
| May we call you at this number? ☐Yes ☐No May we leave a message? ☐Yes ☐No |
| Date of Birth: / /  | Current Age: | Gender: ☐Female ☐Male☐Transgender ☐Prefer not to answer |
| 1. Race / Ethnicity:

☐Caucasian / White ☐Hispanic / Latino / Latina☐Indian☐Middle Eastern☐Asian American/Asian☐American Indian or Alaskan Native☐African-American / Black / African☐Native Hawaiian or Pacific Islander☐Multi-Racial☐Prefer not to answer☐Other (specify): | 2. Country of Origin: |
| 3. Are you an International Student? ☐Yes ☐No |
| 4. Are you faculty or staff of SLCC? ☐Yes ☐No |
| 5. Major / Academic Program: |
|  6. School your major is in:☐Applied Technology☐Art, Communication and New Media ☐Business☐General & Developmental ☐Education☐Health Sciences☐Humanities & Social Sciences☐Professional & Economic Development ☐Science, Mathematics & Engineering☐Technical Specialties | 7. GPA: |
| 8. Credits this semester: |
| 9. What is the average number of paid hours you work per week during the school year? 10. Emergency Contact Information: ☐Prefer not to answer  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐Home ☐Cell |
| 11. Relationship Status:☐Single☐Serious dating or committed relationship☐Civil union, domestic partnership, or equivalent ☐Married☐Separated☐Divorced☐Widowed | 12. Religious or Spiritual Preference:☐Agnostic ☐Muslim☐Atheist ☐Native American☐Buddhist ☐Pagan☐Catholic ☐Protestant☐Hindu ☐None / No preference☐Jewish ☐Prefer not to answer☐LDS/Mormon ☐Other (specify): |
| 13. With whom do you live? (Check all that apply)☐Alone☐Spouse, partner, or significant other☐Roommate(s)☐Children☐Parent(s) or Guardian(s) ☐Other family☐Other (specify):Where do you live? (House, apartment, i.e.): | 14. Have you ever been, or are you currently enlisted in any branch of the US military (Active Duty, Veteran, National Guard or Reserves)? ☐Yes ☐No |
| 15. Did your military experiences include any traumatic or highly stressful experiences which continue to bother you? (i.e. war, combat, injuries, death, natural disasters, foreign deployment, etc.)? ☐Yes ☐No |

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| 16. Are you registered with the Disability Resource Center on campus as having a diagnosed and documented disability?☐Yes ☐NoIf you selected "Yes" please indicate which category of disability you are registered for. (Check all that apply)☐Attention Deficit / Hyperactivity ☐Deaf or Hard of Hearing Mobility ☐Impairments Neurological Disorders☐Physical / Health-related Disorders☐Psychological Disorder / Condition Visual Impairments☐Other (specify): | 17. Please check all services used:☐Learning Center☐International Student Services ☐Multicultural Student Services☐Veteran's Affairs☐Student Support Services☐Center for Health & Counseling Clinic☐Center for Health & Counseling Massage☐Center for Health & Counseling Health Education Services☐Disability Resource Center☐Career Services☐Trio☐Academic Advising☐Financial Aid☐Other (specify): |
| 18. How were you referred to the Center for Health & Counseling - Counseling Services? |
| 19. What type of counseling are you seeking? ☐Individual ☐Group ☐Couple |
| 20. Briefly describe what brings you to counseling: |
| 21. Have you recently had any suicidal thoughts or feelings? ☐Yes ☐No |
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| 22. Please list any prescription medications you are currently taking and the conditions they treat:Medication Condition\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 23. Do you currently have any physical health problems?☐Yes ☐NoIf "Yes" specify: After starting college |
| Please indicate if / when you have had the following experiences: Never*(check one per row)*Both prior and afterPrior to college |
| 24. Attended counseling for mental health concerns |  |  |  |  |
| 25. Taken a prescribed medication for mental health concerns |  |  |  |  |
| 26. Been hospitalized for mental health concerns |  |  |  |  |
| 27. Felt the need to reduce your alcohol or drug use |  |  |  |  |
| 28. Received treatment for alcohol or drug use |  |  |  |  |
| 29. Purposely injured yourself without suicidal intent(e.g. cutting, hitting, burning, hair pulling, embedding, etc.) |  |  |  |  |
| 30. Seriously considered attempting suicide |  |  |  |  |
| 31. Made a suicide attempt |  |  |  |  |
| 32. Considered seriously injuring another person |  |  |  |  |
| 33. Intentionally caused serious injury to another person |  |  |  |  |
| 34. Had unwanted sexual contact(s) or experience(s) |  |  |  |  |
| 35. Experienced harassing, controlling, and/or abusive behavior from another person (e.g. friend, family, partner, or authority figure) |  |  |  |  |
| 36. Experienced a traumatic event that caused you to feel intense fear, helplessness, or horror |  |  |  |  |
| Below is a list of experiences which may occur in families. Read each line carefully. Think about your childhood and adolescence. Please indicate if you or your family have ever had the following experiences: (*check one per row)* | Yes | No | Unsure |
| 37. Parents divorced or permanently separated before you were 18 years old |  |  |  |
| 38. Family frequently moved |  |  |  |
| 39. Parent(s) unemployed for an extended period of time |  |  |  |
| 40. Frequent, hostile arguing among family members |  |  |  |
| 41. Death of parent(s) before you were 18 years old |  |  |  |
| 42. Parent(s) with an alcohol or drug use problem |  |  |  |
| 43. Physical abuse in your family |  |  |  |
| 44. Sexual abuse in your family |  |  |  |
| 45. Rape / sexual assault of yourself or a family member |  |  |  |
| 46. Family member diagnosed with a mental disorder |  |  |  |
| 47. Family member hospitalized for mental or emotional problems |  |  |  |
| 48. Family member attempted suicide |  |  |  |
| 49. Family member committed suicide |  |  |  |
| 50. Family member with a debilitating illness, injury, or handicap |  |  |  |
| 51. Family member prosecuted for criminal activity |  |  |  |
| Family History |
| 52. Please list your family-of-origin (i.e. father, mother, sister, brother, etc.) |
| Relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Level of Education\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 53. Please list those whom you consider to be in your current family (i.e. spouse / partner, significant other, children, etc.) |
| Relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Level of Education\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |