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
- ☐ Atheist
- ☐ Buddhist
- ☐ Catholic
- ☐ Hindu
- ☐ Jewish
- ☐ LDS/Mormon
- ☐ Muslim
- ☐ Native American
- ☐ Pagan
- ☐ Protestant
- ☐ None / No preference
- ☐ Prefer not to answer
- ☐ 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

16. Are you registered with the Disability Resource Center on campus as having a diagnosed and documented disability?

☐ Yes ☐ No

If 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

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 ☐No If "Yes" specify:
_____	
_____	
_____	
_____	
_____	
_____	

Please indicate if / when you have had the following experiences: *(check one per row)*	Never	Prior to college	After starting college	Both prior and after
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