



Today's Date _____

Counseling Services Personal Information Form

This form is intended to help your counselor become better acquainted with you. Add anything that you feel is relevant, or that you would like to say. Omit any item that you do not want to answer.

Name: _____ Age _____ Date of Birth _____

Local Address: _____

Local Phone _____ Email: _____

Permanent Address: _____ City _____ State _____

Permanent Phone _____ Student ID# W _____

Academic Standing: Freshman ___ Sophomore ___ Junior ___ Senior ___ Grad. ___ EAP ___ Other ___

Major: _____ Minor: _____ GPA _____

Academic Advisor _____ Veteran: No ___ Yes ___ International Student: No ___ Yes ___

Referred By: Self ___ Family ___ Friend ___ Faculty ___ Staff ___ Other _____

Ethnicity (optional) Please check the race you identify with the most:

- White, non Hispanic, includes Middle Eastern
- Black, non Hispanic
- American Indian, Alaskan Native, or Native Hawaiian
- Other _____
- Hispanic or Latino/a
- Asian or Pacific Islander
- Biracial or Multicultural

Family Background Please describe your primary parent figures below:

Name of Parent #1 _____ **Parent #2** _____

Living? Yes ___ No ___ Living? Yes ___ No ___

Occupation _____ Occupation _____

Check all that apply about your parents:

- Still married or in domestic partnership
- Separated
- Never married
- Divorced
- Parent #1 re-married or new domestic partnership
- Parent #2 re-married or new domestic partnership

Please indicate any family history of the following: (Check all that apply)

- Physical Abuse
- Emotional or verbal abuse
- Sexual abuse or assault
- Depression, anxiety, or psychological difficulties
- Medications for psychological difficulties
- Problems with alcohol or other drugs

Brothers and sisters (list oldest to youngest, in order):

Name	Age	Sex (M/F)	Education	Occupation

Your children, if any:

Name (first name only) Age, Sex (M/F) _____

If you are in a committed relationship:

Spouse's/Partner's First Name: _____ Occupation: _____

STEP 1:
Check the concerns you would like to explore with your counselor:

STEP 2:
For checked items only, circle the degree to which the concern is currently problematic for you:

	<u>Mild</u>	<u>Moderate</u>	<u>Serious</u>	<u>Severe</u>
___ 1. Relationship difficulties: breakup/loss of relationship, problems with romantic partner, friends or roommates	1	2	3	4
___ 2. Family problems: divorce, separation, abuse, conflicts over money, roles, relationships or responsibilities	1	2	3	4
___ 3. Depression/moods: depressed mood, loss of interest or pleasure, Hopelessness, alternating periods of elevated and depressed mood	1	2	3	4
___ 4. Suicidal thoughts or concerns: problems related to thoughts of ending your life	1	2	3	4
___ 5. Anxiety: excessive or uncontrolled worry, nervousness, chronic fears, performance anxiety, panic attacks, social anxiety, obsessive thoughts, checking behaviors	1	2	3	4
___ 6. Stress or psychosomatic symptoms: overwhelmed by circumstances, problems with headaches, stomach pains, or sleep disturbances, etc.	1	2	3	4
___ 7. Anger management: concerns about managing anger, hostility, or frustration	1	2	3	4
___ 8. Academic difficulties: academic performance problems, missing classes	1	2	3	4
___ 9. College adjustment: problems adjusting to campus life, relationship between academics and future goals	1	2	3	4
___ 10. Career Development: difficulty choosing a major or selecting a career In need of general career planning resources (resume, cover letter, portfolio)	1	2	3	4
___ 11. Racial harassment: targeted by words or behaviors that interfere with full participation in community life	1	2	3	4
___ 12. Self-esteem: concern about self-image, shyness	1	2	3	4
___ 13. Death or loss: grief related to loss of a valued other	1	2	3	4
___ 14. Existential/spiritual concerns: search for meaning in life, concern about the role of religion in one's life	1	2	3	4
___ 15. Eating concerns and body image: purging, restricting, compulsive overeating, unhealthy dieting, excessive exercise, poor or inaccurate body image	1	2	3	4
___ 16. Alcohol and/or chemical use: concerns about abuse or developing dependency on alcohol or other drugs	1	2	3	4
___ 17. Self-inflicted harm: concerns about physical self-harm, i.e., cutting, burning, etc.	1	2	3	4
___ 18. Medication: concerns or questions about the appropriateness of medications	1	2	3	4
___ 19. Sexual abuse or harassment: rape, incest, harassment, being the subject of obsessive pursuit by another	1	2	3	4
___ 20. Sexual health: concerns related to sexual behavior	1	2	3	4
___ 21. Sexual identity: concerns or questions around sexual orientation	1	2	3	4
___ 22. Conduct violation: referred for violation of community conduct standards	1	2	3	4
___ 23. Other: _____	1	2	3	4

How distressed have you been within the last couple weeks? (please circle)

(0) Not at all distressed (1) A little bit distressed (2) Moderately distressed (3) Very distressed (4) Extremely distressed