



# Counseling Appointments

Brief Solution - Based counseling is available

### CONFIDENTIAL STUDENT INFORMATION

**Please return this form in a sealed envelope to the counseling/advising center prior to making your appointment**

Name \_\_\_\_\_ Date \_\_\_\_\_  
                                 First                                Last

Local address \_\_\_\_\_  
                                 Number                                Street                                Apt.

                                \_\_\_\_\_  
                                 City                                State                                Zip

Phone (Do we have permission to contact you at this number?) Y/N \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Pronouns preferred \_\_\_\_\_

Circle One: Married / Living with a Partner / Separated / Divorced / Widowed / Single

Military Status \_\_\_\_\_  
 (if applicable)

Employed (Circle One) Y / N      Number of hours worked per week \_\_\_\_\_

Have you ever seen a Professional Counselor (Social Worker, Psychologist, or Psychiatrist) before?  
 Y / N

If yes, please list any agencies or support services you have used:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking any prescription or non-prescription medications?  
 If yes, please list medications and the reasons for use:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Below is a list of common concerns that individuals have. Please mark those that currently apply to you:

- Career decisions/change
- Work concerns
- Anger or irritability
- Fear, worry
- Loneliness
- Depressed mood
- Eating or weight concerns
- Victim of violence
- Suicidal thoughts or behavior
- Alcohol/other drugs
- Anxiety or panic
- Medical issues
- Abuse (emotional, sexual, physical)
- Gambling problem
- Sleeping problem
- Trouble concentrating
- Confusing, disturbing thoughts

- Rape/Assault
- Low self-esteem
- Gay/lesbian/bisexual concerns
- Financial concerns
- Relationship concerns
- Spiritual/Religious
- Time management
- Divorce, separation
- Sexual concerns
- Pregnancy
- Cultural, racial, ethnic concerns
- Self-injurious behavior
- Food or housing concerns
- Grieving/Loss
- Trouble balancing responsibilities
- Other concern not listed

Please briefly describe any concerns or issues that you would like to explore during your appointment:

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Please list what you do for relaxation:

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\*Confidentiality does have limitations and does not apply in the following circumstances: if a student discloses knowledge of child abuse; disabled person or elder abuse; you are assessed to be a danger to yourself or someone else; ordered by law; and if directed by the student to disclose information.

Please initial after reading \_\_\_\_\_

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