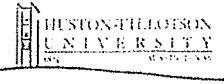


# Counseling and Consultation Center



## INTAKE FORM

Name: \_\_\_\_\_

HT ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  M  F

Race/Ethnicity:  Bi-racial/Multiethnic  African-American  Asian/Asian-American  
 Caucasian  Hispanic/Latino  Native American/American  
 Native Hawaiian/Pacific Islander  Other: \_\_\_\_\_

Enrollment Status:  Full-Time  Part-Time Housing Status:  On-Campus  Off-Campus

Current Semester:  Fall  Spring  Summer Number of credit hours enrolled: \_\_\_\_\_

Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

HT e-mail address: \_\_\_\_\_ Alternative e-mail address: \_\_\_\_\_

Preferred methods of contact (check all that apply):  Day Phone  Evening Phone  e-mail

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you an international student?  Yes  No If yes, please state country of origin: \_\_\_\_\_

Major: \_\_\_\_\_ Current GPA: \_\_\_\_\_  
Are you a first generation college student?  Yes  No  
Classification:  Fr.  So.  Jr.  Sr.  ADP  
Are you a transfer student?  Yes  No

What semester/year did you transfer? \_\_\_\_\_  
Expected graduation date: \_\_\_\_\_  
Please list hobbies, extracurricular activities, and

Campus organizations you participate in:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Relationship Status:

Single  Engaged  Married  Separated  
 Divorced  Widowed  Single Parent  
 Seriously Dating/Committed Relationship

Are you employed?  Yes  No  
If yes:  Part-Time  Full-Time  
Name of employer: \_\_\_\_\_

Military Service:  Yes  No  
If yes,  Active Duty  Reserves  
 National Guard  Veteran

Branch: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_

### RELIGIOUS OR SPIRITUAL PREFERENCE

<input type="checkbox"/> Agnostic	<input type="checkbox"/> Baha'i Faith	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Catholic	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Muslim
<input type="checkbox"/> Jewish	<input type="checkbox"/> No religious affiliation	<input type="checkbox"/> Other: _____				
Please circle the number below that best indicates how important your spiritual or religious preference is in your life:						
1	2	3	4	5		
Not important				Very important		

### REASONS FOR YOUR VISIT

Please briefly describe your reason(s) for visiting the Counseling and Consultation Center:
How are these concerns currently affecting you? (i.e. academically, socially, emotionally, etc.)
Have you had presence of thoughts or impulses to harm yourself or others? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, how recently?      Do you have a plan to harm yourself or others? <input type="checkbox"/> Yes <input type="checkbox"/> No

### PERSONAL HISTORY

<i>Please check the appropriate response</i>	Yes	No
Have you received services from the Counseling and Consultation Center before? If yes, please state when and reasons for services:		
Are you registered with Disability Services on this campus as having a documented and diagnosed disability? If yes, what category of disability you are registered for? (Check all that apply).  <input type="checkbox"/> Attention Deficit/Hyperactivity Disorders <input type="checkbox"/> Physical/Health Related Disabilities <input type="checkbox"/> Deaf or Hard of Hearing <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Mobility Impairments <input type="checkbox"/> Neurological Disorders <input type="checkbox"/> Psychological Disorder/Condition <input type="checkbox"/> Visual Impairments <input type="checkbox"/> Other: _____		
Have you received counseling services before? If yes, please indicate when and name of provider:		
Have you been prescribed psychotropic medication? Are you currently taking prescription medications? If yes, please list medications, dosages, and reasons for taking this medication:		
Have you been hospitalized for a mental health issue? Have received residential treatment before? If yes, please state when and why:		

### HOW DID YOU HEAR ABOUT THE COUNSELING AND CONSULTATION CENTER?

<input type="checkbox"/> Friend/Roommate/Peer Educator	<input type="checkbox"/> Faculty/Staff	<input type="checkbox"/> Health Center	<input type="checkbox"/> Freshman Orientation
<input type="checkbox"/> Campus Event	<input type="checkbox"/> Dean of Student Affairs	<input type="checkbox"/> Athletic Department	<input type="checkbox"/> HT Website/Publication
<input type="checkbox"/> CCC Brochure	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Campus Monitor	<input type="checkbox"/> Other: _____