

Current Major: _____ ___ Freshman ___ Sophomore ___ Junior ___ Senior

Current GPA ___ Cumulative GPA ___ Athlete: ___ Y ___ N

Are you currently employed: ___ Y ___ N _____ Hours/week If yes, Type of work _____

Do you have a religious/spiritual preference ___ Y ___ N If Yes: _____

Medical History

Current Medical Conditions: _____

Have you previously been hospitalized: Please explain

Are you currently under the care of a physician ___ Y ___ N

Physician Name and number _____ May we contact? ___ Y ___ N

Current Medications (include dosage)

Known Allergies _____

Issues with: _____ Hearing _____ Vision _____ Speech

Major Presenting Issues

	Mild	Moderate	Severe	Duration (days/weeks/months)
Depression	___	___	___	_____
Anxiety	___	___	___	_____
Thought Disturbance	___	___	___	_____
Relationship Problem	___	___	___	_____
Family Problems	___	___	___	_____
Alcohol Abuse	___	___	___	_____
Drug Abuse	___	___	___	_____
Health Problems	___	___	___	_____

Abuse _____

Mood disorders _____

Other _____

Past history of therapy or psychiatric care:

Current/Past Therapist, Psychologist, Psychiatrist: _____

May we contact ___ Y ___ N Contact Number: _____

Do you have any or have experienced any of the following:

___ Suicidal Thoughts ___ Homicidal Thoughts

Been a victim of: ___ Sexual abuse ___ Physical Abuse ___ Emotional Abuse

Been a perpetrator of: ___ Sexual Abuse ___ Physical Abuse ___ Emotional Abuse

Family History:

Who raised you? _____

Briefly describe your childhood: _____

Is your family supportive of treatment? _____

Any family history of mental illness or suicide? Explain: _____

Substance Abuse History:

Daily 1-6 days a week 1-4 times a month Occasionally Never

Marijuana _____

Alcohol _____

Opiates _____

Cocaine _____

