

Washtenaw Community College

Student Center 206 * 4800 East Huron River Drive* Ann Arbor, MI 48105-4800

Counseling and Career Planning Department Personal Counseling Intake Form *CONFIDENTIAL STUDENT INFORMATION*

Name _____ Date _____
 First Middle Last

Student ID: _____ Date of Birth _____

Local address _____
 Number Street Apt.

 City State Zip

Phone _____ Do we have permission to contact you at this #? ___ Yes ___ No

Gender Identification _____ Age _____ Preferred pronouns _____

Race/Ethnicity _____ Education Level _____

Check one: Married Living with a Partner Separated Divorced Widowed Single

Employed? ___ Yes ___ No Name of Employer _____

Insurance? ___ Yes ___ No Name of Insurance Carrier _____

Emergency Contact Name: _____ Number: _____

Were you referred here? ___ Yes ___ No If Yes, by who: _____

Have you ever seen a Professional Counselor, Social Worker, Psychologist or Psychiatrist before? ___ Yes ___ No If yes, please complete below:

Organization	Type of Service	Date(s) of Service

Please list all prescription and non-prescription medications that you are currently taking:

Medication	Reason for Taking	Dosage

Have you ever attempted suicide? ___ Yes ___ No

If yes, please explain:

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

What goals would you like to achieve in counseling?

Please list your hobbies and what you do for relaxation:

Please check the concerns that you would like to discuss in today's triage appointment:

Academic concerns

Concerns about sexuality

Adjustment to the college

Hearing or seeing things that others cannot

Worry about how much alcohol I drink

Worry about drug use

Housing concerns

Career concerns

Inability to control thoughts

Depressed mood

Instructor Relationship

Difficulty making friends

Irritable, angry, hostile feelings

Experiencing a traumatic event

Issues with food/weight/appetite

Experiencing discrimination

Loss of a significant person

Fear of specific places/objects

Loneliness

Financial concerns

Numbness/lack of emotion

Perfectionistic tendencies

Procrastination/lack of motivation

Self-esteem/Self-confidence

Racial/ethnic identity

Self-harm behaviors

Medical concerns

Suicidal thoughts

People, objects, or the world around

Thoughts of wanting to harm another

me seem strange or unreal

person

Recent break up of romantic

Gender identity

relationship

Problem in relationship with a romantic partner

Problem in relationship with parents/family

Shy/Lack assertiveness

Social Anxiety

Spiritual/Religious concerns

Test anxiety or Speech anxiety

Other: _____