**Counseling and Health Services Introduction Form**

Below is information that could assist your practitioner in helping you. This is an optional form. Please fill in whatever information you are comfortable providing at this time. We collect data like this to better serve our students. Your responses are protected health information and will be kept confidential.

Is it ok for the Counseling and Health Center to email you for the purposes of scheduling and sharing important information?

Yes No

If yes, what is the best email address to reach you at?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is it ok for the Counseling and Health Center to call you and leave a message for the purposes of scheduling and sharing important information?

Yes No

If yes, what is the best phone number to reach you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Counseling and Health Services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please indicate your age. \_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your Academic Program/Major? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is the number of credits you are taking this term? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What is your GPA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Are you currently employed? Yes No
	* If yes, how many hours do you normally work each week? \_\_\_\_\_\_\_\_\_\_

6. Please describe your relationship status:

* + Single
	+ Partnered
	+ Married
	+ Separated
	+ Divorces
	+ Non-monogamous/ Polyamorous
	+ I prefer to describe my relationship status as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. I am a caregiver for:

* + Parent/ caregiver/ guardian of minor child (ren)
	+ Adult children
	+ Other relative (s)/ individual (s)
	+ I’m not a caregiver at this time
	+ I prefer to describe my caregiving status as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Have you or are you currently serving in the military?

Yes No

1. Are you the first in your immediate family to attend college?

Yes No

10. I would describe my health insurance as:

* + I have state insurance
	+ I have private insurance
	+ I don’t have health insurance
	+ I’m not sure what my health insurance status is

11. I’m here for:

* + Counseling Services
	+ Medical Services
1. What is bringing you in for services now?
2. Students here for counseling: Have you received any counseling in the past?

Yes No

1. Students here for counseling: What do you hope to accomplish as a result of counseling?
2. Is there anything else that would be helpful for your practitioner to know about you at this time?

**Thank you for taking the time to fill out this form. We look forward to working with you!**