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 number? Y/N

Gender Identification _____ Age _____ Preferred pronouns_____

Race/Ethnicity _____ Education Level_____

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

Employed (Circle One) Y / N Name of Employer _____

Insurance (Circle One) Y / N Name of Insurance Carrier _____

Emergency Contact Name: _____ Number: _____

Were you referred here? (Circle One) Y / N 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
- □ Adjustment to the college
- □ Worry about how much alcohol I drink
- □ Worry about drug use
- □ Career concerns
- □ Depressed mood
- □ Difficulty making friends
- □ Experiencing a traumatic event
- □ Experiencing discrimination
- □ Fear of specific places/objects
- □ Financial concerns
- □ Perfectionistic tendencies
- □ Self-esteem/Self-confidence
- □ Self-harm behaviors
- □ Suicidal thoughts
- □ Thoughts of wanting to harm another person
- □ Gender identity
- □ Concerns about sexuality
- □ Hearing or seeing things that others cannot
- □ Housing concerns
- □ Inability to control thoughts
- □ Instructor Relationship
- □ Irritable, angry, hostile feelings
- □ Issues with food/weight/appetite
- □ Loss of a significant person
- □ Loneliness
- □ Numbness/lack of emotion
- □ Procrastination/lack of motivation
- □ Racial/ethnic identity
- □ Medical concerns
- □ People, objects, or the world around me seem strange or unreal
- □ Recent break up of romantic relationship
- □ Problem in relationship with a romantic partner
- □ Problem in relationship with parents/family
- □ Shy/Lack assertiveness
- □ Continually feel anxious/worried
- □ Social Anxiety
- □ Spiritual/Religious concerns
- □ Test anxiety or Speech anxiety
- □ Other: _____