FOOTHILL
COLLEGE

Psychological Services and Personal Counseling

Student Information Form

Please complete the form below as thoroughly as possible. This information is helpful for your counselor and will be used to provide you with a better counseling experience. This form will be part of your confidential file. If you have any concerns regarding the information requested, please discuss this with your counselor.

Name_____ Date _____

Date of Birth_____ Place of Birth _____

Do you have health insurance? Yes ___ No ___ Does it cover mental health? Yes ____ No _____

_____

(Please print legibly and clearly)

Reasons for seeking counseling/help and When did these problems begin?

Do you need referrals for:? (Check all that apply)

- ☐ Emergency basic needs (food, clothing, shelter, etc.)
- ☐ Medical referral
- ☐ Psychiatric Referral for evaluation and/or medications
- ☐ International Student psychologist evaluations and letter
- ☐ Learning disability assessment
- ☐ Mediation (student-student or student-faculty)
- ☐ Outside therapist/agency or ongoing treatment.
- ☐ Campus Police
- ☐ Other _____

Rev: M.Hale & C.Borg 03/19/12

Psychological Services and Personal Counseling

What have you done or tried to do to help yourself so far?

What are your current goals for counseling/therapy (i.e. what would be different in your life when counseling is finished? Please be as specific as possible.)

1.- _____

2.- _____

3.- _____

Please list any significant support people currently in your life: (Friends, relatives, teachers, etc.)

Please list any relatives that have or had emotional difficulties psychiatric illness, or substance abuse issues (alcohol, drugs):

Relative	Difficulty (Please Describe)

Please list any previous therapy or counseling experiences (include name of therapist & dates seen):

Psychological Services and Personal Counseling

Are you having any legal problems? If so, please describe. (Law suits, driving under influence, probation, shoplifting, child custody, etc.)

Please list any drugs, alcohol, or other substances you are now taking. Include the amount and frequency (ex: 3 cans of beer a night):

Current Medications you are taking

Name	**Dosage/ Freq**	**Why taking**	**Who Rx?**
----------	----------	----------	----------
----------	----------	----------	----------
----------	----------	----------	----------

Previous Medications you are taken

Name	**Dosage/ Freq**	**Why taking**	**Who Rx?**
----------	----------	----------	----------
----------	----------	----------	----------
----------	----------	----------	----------

Psychological Services and Personal Counseling

Please check mark ONLY those items that is of personal concern to you.
If any of your concerns are not listed, please write them in the "OTHER" space at the end.

Abuse Issues
_____ Emotional abuse
_____ Physical abuse
_____ Sexual abuse

Control Issues
_____ Alcohol (beer, wine, or liquor)
_____ Cocaine, speed, ecstasy, or other substance abuse
_____ Eating Disorder
_____ Gambling
_____ Internet addiction (includes Online Games)
_____ Video Games
_____ Marijuana use

Emotional Concerns
_____ Anger
_____ Anxiety
_____ Depression
_____ Guilt
_____ Isolation, withdrawal
_____ Mood swings
_____ Nervousness
_____ Self-control
_____ Stress
_____ Suicidal thoughts
_____ Worry

Social or Performance Concerns
_____ Decision making or setting goals
_____ Difficulty concentrating
_____ Lack of assertiveness
_____ Lack of motivation
_____ Loneliness
_____ Memory problems
_____ Prejudice
_____ Public speaking anxiety
_____ Shyness or discomfort in social settings

Harassment Problems
_____ Being stalked
_____ Racial/Ethnic
_____ Sexual Harassment
_____ Sexual orientation
_____ Sexual assault

Life Circumstances
_____ Conflict with Foothill College
_____ Credit card debt
_____ Death, grief, loss, and separation
_____ Financial matters
_____ Housing
_____ Illness of someone close
_____ Legal problems
_____ Life transitions (Leaving home, relationship changes
_____ Work

Personal Issues
_____ Body Image
_____ Concern about coming out
_____ Confusion about values morals, and/or beliefs
_____ Cultural conflict/adjustment
_____ Generation gap
_____ Loss of faith in my religion or religious uncertainty
_____ Self-esteem/self confidence
_____ Sexual concerns

Relationship Issues
_____ Family members (parents siblings, grandparents, etc.)
_____ Interracial dating
_____ Interreligious dating
_____ Parenting concerns
_____ Partner/spouse
_____ Peer Relationships
_____ Relationship breakup or divorce
_____ Sex

Violence Issues
_____ Date rape
_____ Relationship violence
_____ Stranger rape

_____ **Academic Concerns**
_____ **Career Concerns**
_____ **Sleep Problems**
_____ **Other:** _____

Significant Losses: (Please circle any that have happened)

Parental divorce/separation	Death of sister or brother	Death of child
Parental remarriage	Death of spouse	Divorce/break-up
Death of parents	Death of significant other	Other_____

Rev: M.Hale & C.Borg 03/19/12