Counseling Center

Anderson University Center 300, Tacoma, WA 98447
Phone: 253-535-7206, Fax: 253-536-5124

STUDENT RE-INTAKE INFORMATION

2018-19

PERSONAL INFORMATION

Name: _____ **PLU ID #:** _____
Last *First* *Middle*

Preferred Name: _____ **Birthdate:** _____ **Age:** _____

Gender: ☐ M ☐ F ☐ Trans ☐ MTF ☐ FTM ☐ Nongendered ☐ Not listed: _____

Have you received counseling from our office before? ☐ No ☐ Yes, When: _____

Ethnicity: ☐ African American ☐ Alaskan Native/American Indian ☐ Asian American/Pacific Islander ☐ Hispanic American ☐ Caucasian ☐ Multi-ethnic/Not Listed: _____

Referred by: ☐ Self ☐ Friend ☐ Family ☐ Faculty/Staff ☐ Campus Ministry ☐ Health Center ☐ Residential Life ☐ Not Listed: _____

Relationship Status: ☐ Single ☐ In a Committed Relationship ☐ Married ☐ Separated ☐ Divorced ☐ Not Listed: _____ ☐ Children Living with You; Ages: _____

CONTACT INFORMATION

Please list any numbers where we can we contact you and/or leave a message:

(___) ___ - _____ (___) ___ - _____ (___) ___ - _____
Cell Phone *Campus Phone* *Home Phone*

(___) ___ - _____ May we e-mail you? ☐ No ☐ Yes _____
Work Phone *e-mail address*

Local Address: On Campus: _____
Residence Hall/Room #

Off Campus: _____
Street Address *City* *State* *Zip*

Permanent Address: _____
Street Address *City* *State* *Zip*

EDUCATIONAL INFORMATION

Class: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ 5th Year Undergraduate ☐ Graduate Student

International Student? ☐ **No** ☐ **Yes**

Current Credit Load: _____ **Cumulative PLU G.P.A:** _____ *(approximate)*

Major/Field of Study: _____

Advisor: _____ **Transfer Student?** ☐ No ☐ Yes

Previous College(s): _____

Dates Attended/Degrees Received: _____

PRIVACY POLICY

I hereby acknowledge that I have read and understand the **Notice of Privacy Practices/Disclosure Statement** given to me by the Counseling Center. I consent to services at the Counseling Center under the guidelines identified in the Notice of Privacy Practices/Disclosure Statement. I am aware that I am welcome, and encouraged, to ask the Counseling Center Staff any questions I have regarding these guidelines.

_____ _____ _____
Student Signature ***Printed Name*** ***Date***

_____ Initial here to confirm that you are aware that this office may exchange information with PLU's Student Health Center if you are being seen there for related treatment.

_____ Initial here to confirm that you are aware of the Attendance Policy for the Counseling Center, and that this office may assess a $30 fine to your student account if you cancel your appointment within 24-hours, are more than 15 minutes late, or do not show for a scheduled appointment.

STUDENT, DO NOT SIGN BELOW! The undersigned psychologist/counselor answered questions and explained the Notice of Privacy Practices/Disclosure Statement of the Counseling Center including the student's right to privacy and confidentiality and the circumstances whereby confidentiality must, by law, or will in an emergency be limited.

_____ _____ _____
Psychologist/Counselor Signature ***Printed Name*** ***Date***

STUDENT RE-INTAKE INFORMATION - CONTINUED

HEALTH INFORMATION

Please list any professional health care providers you are currently seeing:
Please list: Physicians, Psychiatrists, Counselors and Therapists

_____

_____

Please list any professional health care providers you have seen in the past:
Please list names & dates of service from: Physicians, Psychiatrists, Counselors and Therapists.

_____

_____

Have you been hospitalized for a mental health reason? *(where/when)*

_____

Are you currently taking any medication? ☐ No ☐ Yes, *Please List:*

_____

_____

Have you previously taken any medication for mental health reasons? (i.e. depression/anxiety)
☐ No ☐ Yes, *Please List:* _____

_____

Have any family members been diagnosed/treated for mental health or substance abuse reasons?
☐ No ☐ Yes, *Please Explain:* _____

FAMILY HISTORY

Please identify the members of your immediate family:

	Name	Occupation	Age	Deceased	Divorced	Remarried
Mother				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Father				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Stepmother				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Stepfather				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Sibling				☐ Yes ☐ No		
Sibling				☐ Yes ☐ No		
				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Were you adopted? ☐ N/A ☐ Yes, If Yes, at what age? _____

CURRENT CONCERNS

Please state briefly your current concerns that you are seeking our services for:

_____

_____

How long has this been a concern? (days/weeks/months/years): _____

Is this concern life threatening? ☐ No ☐ Yes

How would you estimate the severity of the problem? *(Place an X on the line below)*

_____

Mild *Moderate* *Severe*

Are you experiencing suicidal feelings or thoughts ☐ No ☐ Yes

Are you experiencing homicidal feelings or thoughts ☐ No ☐ Yes

Are you currently involved in a legal investigation ☐ No ☐ Yes

Are you currently involved in a Student Rights and Responsibilities case ☐ No ☐ Yes

Are your concerns negatively impacting your academic situation ☐ No ☐ Yes

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CONFIDENTIAL

CCAPS-34

Name: _____ Date: _____

INSTRUCTIONS: The following statements describe thoughts, feelings, and experiences that people may have. Please indicate how well each statement describes you, during the past two weeks, from "not at all like me" (0) to "extremely like me" (4), by marking the correct number. Read each statement carefully, select only one answer per statement, and please do not skip any questions.

	Not at all like me				Extremely like me
1. I am shy around others	⓪	①	②	③	④
2. My heart races for no good reason	⓪	①	②	③	④
3. I feel out of control when I eat	⓪	①	②	③	④
4. I don't enjoy being around people as much as I used to	⓪	①	②	③	④
5. I feel isolated and alone	⓪	①	②	③	④
6. I think about food more than I would like to	⓪	①	②	③	④
7. I am anxious that I might have a panic attack in public	⓪	①	②	③	④
8. I feel confident that I can succeed academically	⓪	①	②	③	④
9. I have sleep difficulties	⓪	①	②	③	④
10. My thoughts are racing	⓪	①	②	③	④
11. I feel worthless	⓪	①	②	③	④
12. I feel helpless	⓪	①	②	③	④
13. I eat too much	⓪	①	②	③	④
14. I drink alcohol frequently	⓪	①	②	③	④
15. I have spells of terror or panic	⓪	①	②	③	④
16. When I drink alcohol I can't remember what happened	⓪	①	②	③	④
17. I feel tense	⓪	①	②	③	④
18. I have difficulty controlling my temper	⓪	①	②	③	④
19. I make friends easily	⓪	①	②	③	④
20. I sometimes feel like smashing or breaking things	⓪	①	②	③	④
21. I feel sad all the time	⓪	①	②	③	④
22. I am concerned that other people do not like me	⓪	①	②	③	④
23. I get angry easily	⓪	①	②	③	④
24. I feel uncomfortable around people I don't know	⓪	①	②	③	④
25. I have thoughts of ending my life	⓪	①	②	③	④
26. I feel self conscious around others	⓪	①	②	③	④
27. I drink more than I should	⓪	①	②	③	④
28. I am not able to concentrate as well as usual	⓪	①	②	③	④
29. I am afraid I may lose control and act violently	⓪	①	②	③	④
30. It's hard to stay motivated for my classes	⓪	①	②	③	④
31. I have done something I have regretted because of drinking	⓪	①	②	③	④
32. I frequently get into arguments	⓪	①	②	③	④
33. I am unable to keep up with my schoolwork	⓪	①	②	③	④
34. I have thoughts of hurting others	⓪	①	②	③	④

Name _____ **PLU ID #** _____ **Date** _____

Describe special interests, hobbies, or activities that you enjoy and that you have been avoiding as a result of what you have been struggling with:

_____

_____

_____

_____

What are the three things that you value the most in your life right now?

_____

_____

_____

What change(s) would have to happen in order for you to move forward in your life? Do you believe this is possible?

_____

_____

_____

_____

FOR OFFICE USE ONLY:
CLINICAL IMPRESSIONS & CONSIDERATIONS:

_____

_____

DISPOSITION:

☐ Placed in Springboard Workshop
☐ Placed conjointly in Springboard workshops and individual counseling (If so, explain why)

_____

_____

_____

_____

☐ Referred out/off campus
☐ Placed immediately in individual counseling
☐ Will not complete springboard (If so, explain why)

_____

_____

_____

☐ C-CAPS Responses: #25 _____, #29 _____, #34 _____

Counselor Signature: _____ Date: _____