Confidential Intake Information

Date:

W#:

First Name: Middle: Last:

Current Address: City, State: Zip:

Primary Email address: May we send appointment reminders to this address? ☐ Yes ☐ No

Telephone: Cell _____ May we leave a message on your cell? ☐ Yes ☐ No

Home _____ May we leave a message at home? ☐ Yes ☐ No

Work _____ May we leave a message at work? ☐ Yes ☐ No

1. Date of Birth:_____/_____/_____

2. Current Age:

3. What is your gender identity?
☐ Woman ☐ Man
☐ Transgender ☐ Prefer not to answer
☐ Self-identify (please specify):

4. Race/Ethnicity:

☐ African-American / Black
☐ American Indian or Alaskan Native
☐ Asian American / Asian
☐ Hispanic / Latino/a
☐ Native Hawaiian or Pacific Islander
☐ Multi-racial
☐ White
☐ Middle Eastern
☐ Indian
☐ Self-identify (please specify):
☐ Prefer not to answer

5. Do you consider yourself to be:

☐ Heterosexual……..☐ Bisexual
☐ Lesbian ☐ Questioning
☐ Gay ☐ Prefer not to answer
☐ Self-identify (please specify):

6. Country of Origin:

7. Are you an International Student?

☐Yes ☐ No If yes, please list visa type:

8. Academic Status:

☐ Freshman / First-year
☐ Sophomore
☐ Junior
☐ Senior
☐ Graduate / professional degree student
☐ Non Student
☐ High-school student taking college classes
☐ Non Degree Student
☐ Faculty or Staff
☐ Other (please specify):

9. Major:

10. GPA:

11. Credits this semester:

12. College:

☐ Applied Science & Technology
☐ Arts & Humanities
☐ Business and Economics
☐ Education
☐ Health Professions
☐ Science
☐ Social & Behavioral Sciences
☐ Interdisciplinary Programs
☐ Other

13. Did you transfer from another campus / institution to WSU?

☐Yes ☐ No If yes, when / where?

14. What is the average number of hours you work per week during the school year (paid employment only)?

_____ Hours per week

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15. Relationship Status:

- ☐ Single
- ☐ Serious dating or committed relationship
- ☐ Civil union, domestic partnership, or equivalent
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

16. Religious or Spiritual preference:

- ☐ Agnostic
- ☐ Atheist
- ☐ Buddhist
- ☐ Catholic
- ☐ Christian
- ☐ Hindu
- ☐ Jewish
- ☐ LDS/Mormon
- ☐ Muslim
- ☐ Non-denominational Christian
- ☐ Protestant
- ☐ Other: _____
- ☐ None / No preference
- ☐ Prefer not to answer
- ☐ Self-identify (please specify):

17. What kind of housing do you currently have?

- ☐ On-campus residence hall/apartment
- ☐ Off-campus apartment/house
- ☐ Other (please specify):

18. With whom do you live? (check all that apply)

- ☐ Alone
- ☐ Spouse, partner, or significant other
- ☐ Roommate(s)
- ☐ Children
- ☐ Parent(s) or guardian(s)
- ☐ Family other
- ☐ Other (please specify):

19. Have you ever served in any branch of the US military (active duty, veteran, National Guard or reserves)?

☐Yes ☐ No

20. Did your military experiences include any traumatic or highly stressful experiences which continue to bother you?

☐Yes ☐ No

21. Are you registered with the office for disability services on this campus, as having a documented and diagnosed disability?

☐Yes ☐ No

If you selected "Yes" for the previous question, please indicate which category of disability you are registered for (check all that apply).

- ☐ Attention Deficit/Hyperactivity
- ☐ Deaf or Hard of Hearing
- ☐ Learning Disorders
- ☐ Mobility Impairments
- ☐ Neurological Disorders
- ☐ Physical/Health Related Disorders
- ☐ Psychological Disorder/Condition
- ☐ Visual Impairments
- ☐ Other (please specify):

22. Please check all university services used.

- ☐ Career Services
- ☐ Health Education/Drug & Alcohol Program (HEDA)
- ☐ Learning Center
- ☐ Nontraditional Students Services & Programs
- ☐ Services for International Students
- ☐ Services for Multicultural Students
- ☐ Services for Students with Disabilities
- ☐ Services for Veteran Students
- ☐ Student Health Center
- ☐ Student Support Services
- ☐ Women's Services
- ☐ Other (please specify):

23. Who referred you to CPSC?

- ☐ Self
- ☐ Friend
- ☐ Family Member
- ☐ Student Affairs personnel
- ☐ Professional in the community
- ☐ Religious leader
- ☐ Dean of Students
- ☐ Residence Hall personnel
- ☐ Student Health Center
- ☐ Vocational Rehabilitation
- ☐ Athletics
- ☐ Faculty: _____
- ☐ Other (please specify):

24. Briefly describe what brings you to CPSC:

25. Do you have health insurance?

☐Yes ☐ No

If yes, please indicate provider:

►► ***Continue to next page*** ►►

26. Please list any prescription medications you are currently taking and the conditions they treat:	**27.** Do you currently have any physical health problems?
Medication _____ Condition _____ _____ _____ _____ _____ _____ _____	☐ Yes ☐ No If yes, please describe:

Please indicate if/when you have had the following experiences: *check one per row* ▶	**Never**	**Prior to college**	**After starting college**	**Both**
28. Attended counseling for mental health concerns				
29. Taken a prescribed medication for mental health concerns				

Please indicate <u>how many times</u> and the <u>last time</u> you had each of the following experiences:	**HOW MANY TIMES**	**THE LAST TIME**
30. Been hospitalized for mental health concerns	☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ More than 5 times	☐ Never ☐ Within the last 2 weeks ☐ Within the last month ☐ Within the last year ☐ Within the last 1-5 years ☐ More than 5 years ago
31. Felt the need to reduce your alcohol or drug use	☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ More than 5 times	☐ Never ☐ Within the last 2 weeks ☐ Within the last month ☐ Within the last year ☐ Within the last 1-5 years ☐ More than 5 years ago
32. Others expressed concern about your alcohol or drug use	☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ More than 5 times	☐ Never ☐ Within the last 2 weeks ☐ Within the last month ☐ Within the last year ☐ Within the last 1-5 years ☐ More than 5 years ago
33. Received treatment for alcohol or drug use	☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ More than 5 times	☐ Never ☐ Within the last 2 weeks ☐ Within the last month ☐ Within the last year ☐ Within the last 1-5 years ☐ More than 5 years ago
34. Purposely injured yourself without suicidal intent (e.g. cutting, hitting, burning, etc.)	☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ More than 5 times	☐ Never ☐ Within the last 2 weeks ☐ Within the last month ☐ Within the last year ☐ Within the last 1-5 years ☐ More than 5 years ago
35. Seriously considered attempting suicide	☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ More than 5 times	☐ Never ☐ Within the last 2 weeks ☐ Within the last month ☐ Within the last year ☐ Within the last 1-5 years ☐ More than 5 years ago

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Please indicate <u>how many times</u> and the <u>last time</u> you had each of the following experiences:	**HOW MANY TIMES**	**THE LAST TIME**
36. Made a suicide attempt	☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ More than 5 times	☐ Never ☐ Within the last 2 weeks ☐ Within the last month ☐ Within the last year ☐ Within the last 1-5 years ☐ More than 5 years ago
37. Considered causing serious physical injury to another person	☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ More than 5 times	☐ Never ☐ Within the last 2 weeks ☐ Within the last month ☐ Within the last year ☐ Within the last 1-5 years ☐ More than 5 years ago
38. Intentionally caused serious physical injury to another person	☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ More than 5 times	☐ Never ☐ Within the last 2 weeks ☐ Within the last month ☐ Within the last year ☐ Within the last 1-5 years ☐ More than 5 years ago
39. Someone had sexual contact with you without your consent (e.g., you were afraid to stop what was happening, passed out, drugged, drunk, incapacitated, asleep, threatened or physically forced)	☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ More than 5 times	☐ Never ☐ Within the last 2 weeks ☐ Within the last month ☐ Within the last year ☐ Within the last 1-5 years ☐ More than 5 years ago
40. Experienced harassing controlling, and/or abusive behavior from another person (e.g. friend, family member, partner, or authority figure)	☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ More than 5 times	☐ Never ☐ Within the last 2 weeks ☐ Within the last month ☐ Within the last year ☐ Within the last 1-5 years ☐ More than 5 years ago
41. Experienced a traumatic event that caused you to feel intense fear, helplessness, or horror	☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ More than 5 times	☐ Never ☐ Within the last 2 weeks ☐ Within the last month ☐ Within the last year ☐ Within the last 1-5 years ☐ More than 5 years ago
42. Think back over the last two weeks. How many times have you smoked marijuana	☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ More than 5 times	

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Family History

43. Please list your **family-of-origin** (i.e., father, mother, sister, brother, etc.)

Relation	Age	Level of education	Occupation

44. Please list family members **with whom you live**, **if different than above** (i.e., spouse/partner, children, etc.)

☐ Same as above

Relation	Age	Level of education	Occupation