



Office Use Only	
Primary:	_____
Secondary:	_____
Tertiary:	_____

Intake Form

The following information is confidential, will be used only for our records, and will help save time in our first session.
All information is kept strictly confidential.

Today's Date / /	First Name	M.I.	Last Name	Age	Date of Birth / /	Student I.D. #
Local Address			City	State	Zip Code	
Residence hall if living on campus: _____			If we need to call you, what number is best (cell)? _____ <i>May we leave a message at this number if necessary?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
E-mail Address: _____			<i>May we e-mail you?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Note: Because e-mail is not confidential, we strongly discourage you from using e-mail to communicate sensitive information with your counselor.</small>			
Permanent Address			City and County	State	Zip Code	
Race/Ethnicity (Optional)						Gender:
<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Multicultural						
Enrollment:		Major/Minor:		Classification:		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Declared major: _____ Minor: _____ Undecided <input type="checkbox"/>		<input type="checkbox"/> First Year <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		
Transfer Student:		Credits Carried	G.P.A	Are you currently on academic probation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact Information:			Referral Source:		Have you previously seen a counselor at LSSU and/or elsewhere?	
Name: _____ Phone: _____ Relationship: _____ Signature authorizing us to contact this person. _____			<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> HBH <input type="checkbox"/> RA <input type="checkbox"/> Judicial <input type="checkbox"/> Peer <input type="checkbox"/> Clergy		<input type="checkbox"/> Yes <input type="checkbox"/> No Length of treatment _____	
Is this a crisis?		Main reason for seeking counseling:				
<input type="checkbox"/> Yes <input type="checkbox"/> No (Do you need immediate help)		<input type="checkbox"/> Academic concerns <input type="checkbox"/> Self Harm <input type="checkbox"/> PTSD <input type="checkbox"/> Adjustment <input type="checkbox"/> Loss and grief <input type="checkbox"/> Substance misuse/abuse <input type="checkbox"/> Anxiety / Stress <input type="checkbox"/> Problems with relationships <input type="checkbox"/> Alcohol <input type="checkbox"/> Assault or abuse <input type="checkbox"/> Spiritual concerns <input type="checkbox"/> Other <input type="checkbox"/> Depression <input type="checkbox"/> Eating concerns <input type="checkbox"/> Other <input type="checkbox"/> Suicidal feelings <input type="checkbox"/> Self Harm <input type="checkbox"/> Personal Growth				

Complete the following only if someone referred you to counseling services.

Who referred you to us? _____

Relationship to you: _____

If this person asks, may we acknowledge that you saw a counselor?

- Yes (please sign below)
- No (no need to sign below)

Signature authorizing us to acknowledge your visit to the person who referred you:

Presenting Problem:

Please tell us why you decided to come for counseling/therapy
(Indicate what you think the problem is):

Please list any/all medications:

Please read the accompanying Professional Disclosure Statement if you are seeing an LCC.

I have read and understand the accompanying LPC Professional Disclosure Statement and give consent to receive counseling services.

Signature

Date

Appointment Cancellation Policy

It is your responsibility to know when your appointment is scheduled.

If you need to cancel your appointment you may call us during working hours at 906-635-2752 or after hours and leave us a message. Please be sure to include your name and date and time of your appointment.

A missed appointment (no show / no call) does not allow Counseling Services sufficient time to offer that session to another client in need. Clients are only allowed two (2) consecutive (no show / no call) missed appointments. After the second missed appointment, we will assume you no longer wish to continue your sessions unless you indicate to us otherwise and that session will be offered to another client in need. Thank you for understating the importance of keeping your appointment.