***Demographic Information***

**Name**\_ \_\_\_ \_ **Preferred Pronoun (He/She/They/Other) \_\_\_\_\_\_\_\_Date** \_\_\_\_\_ \_

**Student ID** \_  **DOB**\_ / / \_ **Age**\_

**Referred by \_\_\_\_\_\_\_ Primary Language** \_ ­­­ ­­­­­­\_\_\_\_\_\_\_

**Military Service Member: Y / N Military Veteran:** Y / N **Military Branch:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **TRIO SSS Grant Recipient:** Y / N

***Contact Information***

**Address**

**City County\_ State Zip**

**Primary Phone Secondary Phone □ Ok to contact by phone**

**Email □ Ok to contact by email**

***Emergency Contact***

**Name \_ Relationship Phone**

**Address**

***Student Status***

**Years of Education                                      Cumulative GPA Number of credit hours this semester**

**RRCC Program of Study \_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Career Goals**

***Demographic Information (optional, but appreciated for funding purposes)***

**Sex:** M/ F/ I **Gender:** M / F/ T/ Other: \_\_\_\_\_\_\_ **Sexual Orientation:** G/ L/ B/ H/ Other: \_\_\_\_\_\_\_\_\_

***Relationship Status* □** Single □ Married □ Partnered □ Separated □ Divorced □ Other

***Cultural Background Ethnicity***

***□* Black/African American**

**□ American Indian/ Alaska Native (Nation) \_\_\_\_\_\_\_**

**□ Asian Indian (specify) \_\_\_\_\_\_**

**□ Asian (specify) \_\_\_\_\_\_**

**□ Hawaiian/ Pacific Islander (Specify)**

**□ Hispanic/ Latino (Specify) \_\_\_\_\_ \_\_ \_\_\_\_\_**

**□ International Student (Specify)**

**□ Mixed ancestry or unlisted**

**□ White/ European American**

***Financial Information:***

**Annual Income \_\_\_ \_\_\_ Other Income \_\_Hrs worked/ wk \_\_\_\_\_ Dependents \_\_\_\_\_**

**Medical Insurance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Y / N **Provider Name:** |  | **ID #** |  | **Group #** |  |
| Y / N | **Medicare** | **ID #** |  | **Group #** |  |
| Y / N | **Medicaid** | **ID #** |  | **Group #** |  |

***Medical History (Please mark and specify all that apply)***

|  |  |  |  |
| --- | --- | --- | --- |
| ***□* Allergies** |  | ***□* Disabilities** |  |
| ***□* Chronic Conditions** |  | ***□* High Blood Pressure** |  |
| ***□* Current Alcohol/Substance Abuse** |  | ***□* Life Threatening Conditions** |  |
| ***□* Current Medications** |  | ***□* Traumatic Brain Injury** |  |
| ***□* Diabetes** |  | ***□* Other Conditions** |  |

***Tobacco Use:*** □ Never Smoked □ Smoked in past, but quit □ Current smoker □ Current smoker, but want to quit

***Medical and Other Providers***

**Primary Care Physician Phone**

**Date of Last Medical Visit Reason for Visit**

***Mental Health History***

**Psychiatrist Dates of Care**

**Previous Counselor Dates of Care**

**Previous Psychiatric Hospitalization Dates of Care**

**Previous Medications**

***History of Issues (Please mark all that apply)***

|  |  |  |  |
| --- | --- | --- | --- |
| ***□*** | **Eating Disorders** | ***□*** | **Drug/ Alcohol Abuse** |
| ***□*** | **Fetal Alcohol/ Drug Exposure** | ***□*** | **Legal Convictions** |
| ***□*** | **Intimate Relationship Violence** | ***□*** | **Self-Injury (date of most recent: )** |
| ***□*** | **Sexual Misconduct** | ***□*** | **Suicide Attempt (date of most recent: )** |
| ***□*** | **Victim of Phys/Sexual Trauma** | ***□*** | **Lived in Violent Environment** |

***Suicidal Thoughts***

|  |  |
| --- | --- |
| **□ I am currently having suicidal thoughts** | **□ I have had suicidal thoughts in the past two weeks** |
| **□ I have had suicidal thoughts in the past 3 months □ I have never had suicidal thoughts** | **□ I have had suicidal thoughts in the past, but not in the**  **last 3 months** |

***What are the problems you would like to address in counseling? Please mark all that apply.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **□ Anxiety** | | **□ Attention** | **□ Anger** | **□ Bi-polar symptoms** |
| **□ Depression** | | **□ Eating** | **□ Grief** | **□ Mood Swings** |
| **□ Phys/Sex Abuse** | | **□ Relationships** | **□ Sexual Identity** | **□ Sleeping** |
| **□ Social** | | **□ Alcohol/Subst Abuse** | **□ Trauma** | **□ Housing/Living Problem** |
| **□ Self Injury** | **□ Medication Options** | | **□ Other (Specify):** | |

**Symptom Checklist**

Please share the most concerning symptom/problem that you would like to address at this time:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check all that apply

|  |  |
| --- | --- |
| * Anhedonia * Change in appetite * Change in sleep * Decreased appetite/weight loss * Decreased concentration * Decreased energy/fatigue * Depressed mood * Difficulty falling asleep * Difficulty with Activities of Daily Living * Early morning awakening * Excessive/inappropriate guilt | * Feelings of hopelessness * Feelings of worthlessness * Hypersomnia (sleeping too much) * Increase appetite/weight gain * Irritability * Body agitation * Body retardation * Recurrent thoughts of death/suicidal ideation * Sleep interruption/disturbance * Tearfulness |

|  |  |
| --- | --- |
| * Abnormally/persistent elevated mood * Abnormal and persistent irritability * Hyperactivity/increase energy * Inflated self-esteem/Grandiosity * Decreased need for sleep | * Pressured Speech * Flight of ideas (racing thoughts) * Distractibility * Increased goal-directed activity * Body agitation * Impulsivity |

|  |  |
| --- | --- |
| * Hallucinations * Auditory * Visual * Command * Delusions * Ideas of reference * Paranoia * Problems with thought formation | * Disorganized speech * Grossly disorganized/bizarre behavior * Catatonic behavior * Negative symptoms * Alogia (inability to speak) * Avolition (lack of motivation) * Flat or inappropriate affect * Social withdrawal/isolation |

|  |  |
| --- | --- |
| * Obsessive thoughts * Compulsive behavior * Body Dysmorphia | * Trichotillomania (hair-pulling) * Excoriation (skin-picking) |

|  |  |
| --- | --- |
| * Anxiety last throughout the day * Being easily fatigued * Chest pain or discomfort * Chills or heat sensations * Choking sensations * Depersonalization * De-realization * Discrete periods of intense panic * Fear of dying * Fear of losing control/”going crazy” * Feeling dizzy, light-headed, or faint | * Irritability * Muscle tension * Nausea/abdominal distress * Palpitations/accelerated heart rate * Paresthesia (numbness/tingling) * Physical symptoms of panic * Restlessness, feeling keyed-up/on-edge * Shortness of breath/smothering * Sleep disturbance * Sweating * Trembling/shaking * Trouble concentrating/mind going blank |
|  |  |
| * Avoidance of trauma related memories/thoughts/external reminders * Diminished interest/participation in significant activities * Disinhibited Social Engagement Symptoms * Dissociation/flashbacks * Dreams w/out recognizable content * Exaggerated startled response * Feeling of detachment/estrangement from others * Hypervigilance * Inability to remember important aspects of trauma * Intense/prolonged distress at exposure to trauma cues * Irritable behavior/angry outbursts | * Persistent cognitive distortions leading to blame of self/others * Persistent inability to experience positive emotion * Persistent negative emotional state * Persistent/exaggerated negative beliefs about self/others/world * Physiological reactions to trauma cues * Problems with concentration * Reactive Attachment symptoms * Reckless/self-destructive behavior * Recurrent distressing dreams w/trauma related content/affect * Recurrent intrusive thoughts/memories * Sleep disturbance * Trauma-specific play/reenactment |

|  |  |
| --- | --- |
| * Appears driven to move/often “on the go” * Avoids tasks requiring sustained effort * Blurts out responses * Difficulty completing chores * Difficulty awaiting turn * Difficulty focusing/sustaining attention * Difficulty organizing tasks/activities * Difficulty with quiet activities * Easily distracted by extraneous stimuli * Fidgeting * Frequently loses necessary items | * Inattention (mistakes/overlooks details) * Interrupts/intrudes on others * Leaves seat inappropriately * Often forgetful in daily activities’ * Often talks excessively * Poor follow Through * Runs, climbs excessively (restlessness) * Difficulty completing schoolwork * Seems not to listen * Difficulty completing work tasks |