DeAnza College

PSYCHOLOGICAL SERVICES

Student Information Form

Name: _____ **Student ID:** _____ **Date:** _____

Address: _____

Phone: _____ **OK to leave a message on this phone? [ ] Yes [ ] No**

Email: _____ **OK to send a message to this email? [ ] Yes [ ] No**

Emergency Contact: _____
(Name/Relationship/Phone)

Birth date: _____ **Age:** _____ **Ethnicity:** _____

Gender: _____ **Pronouns:** _____ **Sexual orientation:** _____
(optional) (optional)

Major: _____ **Expected graduation/transfer:** _____

Medical conditions: _____

Medications: _____ **Health insurance:** _____

Reasons for seeking counseling: _____

_____

[ ] Anxiety, nervousness, worry
[ ] Depression, sadness
[ ] Anger, irritability, mood swings
[ ] Loneliness, isolation, withdrawal
[ ] Self-esteem, body image issues
[ ] Concentration, memory
[ ] Stress, trouble coping
[ ] School/work problems
[ ] Medical problems/concerns
[ ] Grief, significant loss

[ ] Problems with family
[ ] Problems with friends
[ ] Problems with partner
[ ] Sexual abuse, rape
[ ] Physical abuse
[ ] Emotional abuse
[ ] Harassment, stalking, threats
[ ] Sexuality, coming out
[ ] Cultural, religious conflict
[ ] Internet/video game addiction

[ ] Gambling
[ ] Eating concerns
[ ] Sleep concerns
[ ] Financial problems
[ ] Housing problems
[ ] Legal problems
[ ] Alcohol use
[ ] Marijuana use
[ ] Drug use
[ ] Suicidal thoughts

Counseling goals? _____

_____

Previous therapy or personal counseling experience: [ ] Yes [ ] No

When? _____ **How long?** _____

How did you hear about Psych Services? _____