

Westmont College Counseling Center
Confidential Information Form
For Returning Students (same academic year)

Welcome back to the Westmont College Counseling Center! We ask that you please fill out the following information as an update for the counselor who will be talking with you. If you are uncomfortable responding in writing to a question, you may skip it. The information will be kept in confidence in accordance with the Counseling Center policy.

Name: _____ Today's Date: _____

Birth Date: _____ Age: _____ Sex: ___ Female ___ Male

Ethnicity: (Please check all that apply)

___ African American ___ Asian American ___ Caucasian ___ Hispanic

___ Middle Eastern ___ Multiracial ___ Native American ___ Pacific Islander

Relationship Status: ___ Single ___ Dating ___ Engaged ___ Married ___ Divorced

Westmont Residence (Residence hall or off campus address) _____

Home/Permanent Address _____

Cell Phone Number: _____ Email Address: _____

Do we have permission to contact you by: ___ Email ___ Cell Phone?

In case of an emergency contact: (Name/Relationship) _____

Emergency contact phone number: _____

Class Level: _____ Major: _____

Currently experiencing any academic difficulties? _____

Activities involved in on campus and in the community:

Medical Information

Are you currently seeing a physician for any medical condition? ___ Yes ___ No

If yes, please briefly describe the condition and treatment:

Who is your primary care physician? _____

What is your primary medical insurance carrier? _____

Have you ever been hospitalized? ___ Yes ___ No If yes, when and for what?

Are you currently using any substance (alcohol, drugs, etc.) in a manner that concerns you or others who know you? ___ Yes ___ No If yes, please briefly describe:

Please describe your current eating, sleeping, and exercise patterns:

Counseling Concerns

Briefly describe the concerns that led you to return to the Counseling Center:

Please rate the degree of distress these concerns are currently causing you by circling the appropriate number.

Mild distress 1 2 3 4 5 6 7 8 9 10 Extreme distress

How long have these concerns been causing you distress? _____

Are you currently suicidal? ___ Yes ___ No If yes, please describe:

Are you currently taking any prescription medications? ___ Yes ___ No If yes, please indicate what medications, and how long you have been taking them.

Has anything in your family or personal life significantly changed since your last counseling session?

What is your new focus for counseling?