

Westmont College Counseling

CONFIDENTIAL INFORMATION FORM

Welcome to the Westmont College Counseling Center! We ask that you please fill out the following information 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: ف Female م Male **Ethnicity** _____

Relationship Status: Single Dating Engaged Married Divorced

Current Residence (on campus residence hall or off campus address):

Current Phone Number/Extension: _____

Cell Phone Number: _____ **Work Number:** _____

Do we have permission to ask for you or leave a voice mail at your:

Extension ف Cell م Work ف

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

Emergency contact phone number: _____

Hometown: _____

Class level: _____ Major: _____

How many years attended Westmont? _____

Transfer Student? ____ If yes, from where did you transfer? _____

Currently experiencing any academic difficulties? _____

Vocational goals: _____

Religious background/orientation: _____

Activities involved in on campus/in community:

How did you first hear about the Westmont Counseling Center? Who referred you?

Briefly describe the concerns that led you to come 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 this distress? _____

Are you currently suicidal? Yes No Have you ever been suicidal? Yes No

Have you had any previous counseling? Yes No If yes, please indicate when, how long, and with whom. Were there any medications prescribed in conjunction with counseling?

What do you expect from counseling?

Are you currently seeing a physician for any medical condition? Yes No
If yes, please briefly describe the condition and treatment.
Who is your physician? _____

Have you ever been hospitalized? If so, when and for what?

Do you have any allergies to medication or food? If yes, please describe.

Are you currently using any substance (alcohol, drugs, etc.) in a manner that concerns you or others who know you? ﺃ Yes ﺃ No If yes, please briefly describe. Has this been an issue in the past? ﺃ Yes ﺃ No If yes, please describe.

Family Information

- 1) Parents' Marital Status:
- 2) If you have brothers and sisters, please list in birth order (including yourself)
- 3) Has anyone in your family had an emotional/behavioral disorder, psychiatric illness or substance abuse problem?
- 4) Please describe any issues in your family that have caused you concern in the past or present.

Please describe any other significant issues that have affected you in your personal development.

THANK YOU!