

# *Westmont College Counseling Center*

## *Returning Student*

### **CONFIDENTIAL INFORMATION FORM**

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:** \_\_\_\_\_

**Class Level:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**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  Cell  Work

In case of an emergency contact: (Name) \_\_\_\_\_

Phone number of emergency contact: \_\_\_\_\_

Currently experiencing any academic difficulties? \_\_\_\_\_

Activities involved in on campus and in the community:

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? ڻ Yes ڻ No

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

Are you currently seeing a physician for any medical condition? ڻ Yes ڻ 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?

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

What are your new goals for counseling?

**THANK YOU!**

