

(cc use only)	Phone Intake <input type="checkbox"/>	In Person <input type="checkbox"/>	Initials: _____	Date: _____	Time: _____
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**TESC Counseling Center Initial Contact Data**

*Please print this form, fill it out and deliver, fax, or mail to the Counseling Center.*

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Pronoun Preference: \_\_\_\_\_ Age: \_\_\_\_\_  
 Referred by: \_\_\_\_\_

Phone #1: ( ) - Please check one: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work	OK to call and identify <input type="checkbox"/> Yes <input type="checkbox"/> No	OK to leave message <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #2: ( ) - Please check one: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work	OK to call and identify <input type="checkbox"/> Yes <input type="checkbox"/> No	OK to leave message <input type="checkbox"/> Yes <input type="checkbox"/> No
Email address: _____	OK to email and identify <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial _____
*Please be aware that email is not necessarily a secure form of communication.		

Address: _____	City: _____	State: _____	Zip: _____	A# _____
Ethnicity: _____	WA state resident: <input type="checkbox"/> yes <input type="checkbox"/> no	Date of Birth: _____		
Year in College: _____	Year(s) at TESC: _____	# Credits this quarter: _____		
First Peoples? <input type="checkbox"/> Yes <input type="checkbox"/> No	Key Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Access Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Class/Program & Faculty: _____	Do you live on campus? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Insurance Provider: _____	Mental Health Benefits: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not sure			

In case of an emergency, notify:	
Name: _____	
Relationship: _____	First _____ Last _____
Contact Information: _____	
Street _____	
City, State, Zip Code _____	
Home Phone _____	Cellular Phone _____

In the last two weeks, have you been afraid you might hurt yourself or someone else? \_\_\_\_\_

If yes, please explain:

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Has a friend or family member ever committed suicide?  Yes  No

If yes, please describe the person's relationship to you: \_\_\_\_\_

Are you any of the following (please check all that apply to you):

- active duty military member
- active reserve member
- veteran
- family member of any of the above

**We use the following information to determine how to best meet your needs. Please be specific.**

Please state why you decided to come to the Counseling Center: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long has this been a problem? (e.g., days, weeks, months, etc.) \_\_\_\_\_

How much does this problem impact your current academic progress? (circle one)

- |            |              |            |             |           |
|------------|--------------|------------|-------------|-----------|
| 1          | 2            | 3          | 4           | 5         |
| Not At All | A little bit | Moderately | Quite a bit | Extremely |

*Any additional comments?*

\_\_\_\_\_

\_\_\_\_\_

**Groups can be extremely effective in coping with and managing problems. Students will be assigned to groups according to their assessed needs. Please indicate groups or workshops you would be interested in participating in and would like to be called about if or when they become available:**

<input type="checkbox"/> The Art of Living Group (history of family trauma)	<input type="checkbox"/> Making Relationships Work Group
<input type="checkbox"/> Mindfulness Based Anxiety & Depression Group	<input type="checkbox"/> Living Healthy, Living Wise Group (self-care)
<input type="checkbox"/> Mindfulness Based Substance Abuse Relapse Prevention Group	

**Please indicate specific times you are available for appointments (Flexibility equals possibility. The greater your availability, the better the possibility of assignment to a therapist):**

<input type="checkbox"/> Monday		<input type="checkbox"/> 10am	<input type="checkbox"/> 11am	<input type="checkbox"/> 1pm	<input type="checkbox"/> 2pm	<input type="checkbox"/> 3pm	<input type="checkbox"/> 4pm	
<input type="checkbox"/> Tuesday		<input type="checkbox"/> 10am	<input type="checkbox"/> 11am	<input type="checkbox"/> 1pm	<input type="checkbox"/> 2pm	<input type="checkbox"/> 3pm	<input type="checkbox"/> 4pm	
<input type="checkbox"/> Wednesday		<input type="checkbox"/> 10am	<input type="checkbox"/> 11am	<input type="checkbox"/> 1pm	<input type="checkbox"/> 2pm	<input type="checkbox"/> 3pm	<input type="checkbox"/> 4pm	
<input type="checkbox"/> Thursday		<input type="checkbox"/> 10am	<input type="checkbox"/> 11am	<input type="checkbox"/> 1pm	<input type="checkbox"/> 2pm	<input type="checkbox"/> 3pm	<input type="checkbox"/> 4pm	
<input type="checkbox"/> Friday		<input type="checkbox"/> 10am	<input type="checkbox"/> 11am	<input type="checkbox"/> 1pm	<input type="checkbox"/> 2pm	N/A	N/A	