

Counseling Appointments

Solution Focused-Brief Counseling is available

CONFIDENTIAL STUDENT INFORMATION

Name: _____ Student ID: _____ Date: _____

Local Address: _____

Phone: _____ (Do we have permission to contact this number?) Yes No

Emergency Contact: _____ Phone: _____

Gender: _____ Age: _____ Pronouns preferred: _____

Check One: Married Living with a Partner Separated Divorced Widowed Single

Military Status: _____
(if Applicable)

Employed: Yes No Number of hours worked per week: _____

Have you ever seen a Professional Counselor (Social Worker, Psychologist, Psychiatrist) before?

Yes No

If yes, please list any agencies or support services you have used:

Are you currently taking any prescription or non-prescription medications? Yes

If yes, please list medications and the reasons for use:

Below is a list of common concerns that individuals have. Please mark those that currently apply to you:

- Career decisions/change
- Work concerns
- Anger or irritability
- Fear, worry
- Loneliness
- Depressed mood
- Eating or Weight concerns
- Victim of violence
- Alcohol/other drugs
- Suicidal thoughts or behavior
- Anxiety or panic
- Medical issues
- Abuse (emotional, sexual, physical)
- Gambling problem
- Trouble concentrating
- Sleeping problem
- Confusing, disturbing thoughts

- Rape/Assault
- Low self-esteem
- Gay/lesbian/bisexual concerns
- Relationship concerns
- Spiritual/Religious
- Time management
- Divorce, separation
- Sexual concerns
- Pregnancy
- Cultural, racial, ethnic concerns
- Self-injurious behavior
- Food or housing concerns
- Grieving/Loss
- Trouble balancing responsibilities
- Other concerns not listed

Please briefly describe any concerns or issues that you would like to explore during your appointment:

Please list what you do for relaxation:

*Confidentiality does have limitations and does not apply in the following circumstances: if a student discloses knowledge of child abuse; disabled person or elder abuse; you are assessed to be a danger to yourself or someone else; ordered by law; and if directed by the student to disclose information.

Please initial after reading: _____

Crisis Text Line 24/7- Text "Start" to 741-741 Suicide Hotline 1-800-273-8255
Tunxis Mental Health Counseling and Wellness Brochure: tunxis.edu/counseling-brochure