

**Counseling Appointments**

Solution Focused-Brief Counseling is available

**CONFIDENTIAL STUDENT INFORMATION**

**Name:** Click or tap here to enter text. **Student ID:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Local Address:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text. (Do we have permission to contact this number?) [ ] Yes [ ]  No

**Emergency Contact:**  Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**Gender:** Click or tap here to enter text. **Age:** Click or tap here to enter text. **Pronouns preferred:** Click or tap here to enter text.

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

**Military Status:** Click or tap here to enter text.

 (if Applicable)

**Employed:** [ ]  Yes [ ]  No Number of hours worked per week: Click or tap here to enter text.

**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:**

Click or tap here to enter text.

# **Are you currently taking any prescription or non-prescription medications?** [ ] Yes

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

Click or tap here to enter text.

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

[ ] 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

kkkkkk

[ ] 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

**Please briefly describe any concerns or issues that you would like to explore during your appointment:** Click or tap here to enter text.

**Please list what you do for relaxation:**

Click or tap here to enter text.

\*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: Click or tap here to enter text.

**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**](https://www.tunxis.edu/counseling-brochure)