

**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

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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)