

**Chadron State College
Counseling Services
Personal Counseling Intake Questionnaire**

CONFIDENTIAL

Please complete as fully as possible; it will help to better serve you.

Name: _____

Date: _____

Address: _____

Student ID: _____

Email: _____

Gender: _____

Phone: _____

Date of Birth: _____

What is your current classification? Freshman Sophomore Junior Senior

Major: _____ Minor: _____

Briefly state why you are seeking counseling.

Have you ever received counseling services before? Yes No If yes, did it help?

What are your goals for counseling?

Have you ever had significant medical problems? Yes No If yes, please explain.
(Please include any hospitalizations and/or surgeries)

Have you ever experienced suicidal ideations? Yes No If yes, please explain.

Have you ever experienced homicidal ideations? Yes No If yes, please explain.

Have you ever attempted suicide? Yes No
Number of attempts? _____
Number of hospitalizations? _____

Have you ever engaged in non-suicidal self-injurious behavior? Yes No If yes, please explain type(s) of self-injurious behavior (cutting, burning etc.).

Background Information

1. Do you have any brothers or sisters? Yes No If yes, please complete section below.
Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____

2. Does/Did your father work? Yes No If yes, where? _____

3. Does/Did your mother work? Yes No If yes, where? _____

4. Have you ever experienced any trauma? For example (physical/emotional/sexual abuse?) Yes No
If yes, please explain.

5. Did either of your parents abuse chemicals? Yes No If yes, how did it affect him/her?

6. Did you have any significant developmental problems in childhood? Yes No If yes, please explain.

7. Was your mother's pregnancy and delivery normal? Yes No

8. When did you achieve the major developmental milestones?
Walking _____ Talking _____ Toilet training _____

9. Do you have any religious preference? Yes No If yes, what? _____

10. Have you ever served in the military? Yes No
If yes, what branch? _____ Rank: _____
Dates of service: _____ Type of discharge: _____
Did you serve in combat? Yes No

11. In addition to being a student, do you currently work? Yes No
 Where? _____ For how long? _____
 What are your responsibilities? _____
 Do you enjoy your job? Yes No Why/Why not?

12. Do you have financial problems? Yes No If yes, please explain.

Are you able to manage your debts? Yes No
 Are you requesting financial counseling? Yes No

13. Are you or have you ever been married? Yes No
 If no, do you live with someone as though you are married? Yes No
 If no, are you involved in a long-term relationship? Yes No
 If yes, what is your current marital status:
 Married Separated Divorced Widow/Widower

14. Do you have children? Yes No If yes, please complete section below:

| Name | Age | Gender |
|------|-----|--------|
| | | |
| | | |
| | | |
| | | |

15. What do you enjoy doing in your leisure time?

16. How is your general health? Poor Fair Good Excellent

17. Have you had significant weight loss or gain lately? Yes No

18. Is your weight a problem for you? Yes No

19. Are you on any special diets? Yes No

20. Have you ever tried to lose or maintain weight by:
 Diet Pills Diet Clubs Laxatives Fasting Vomiting Diuretics

21. Have/Do you ever use drugs or alcohol? Yes No If yes, please complete section below:

| Substance | Frequency of Use | Age of first use |
|-----------|------------------|------------------|
| | | |
| | | |
| | | |
| | | |

22. Do you consume nicotine? Yes No
If yes, how much? _____ Age of first use: _____

23. Has your use ever caused any personal injury, legal, or financial problems? Yes No If yes, please explain.

24. Have you ever been involved in the legal system for criminal or civil charges, such as, divorce, child custody, family violence, juvenile justice, DUI's, misdemeanor or felony charges? Yes No
If yes, please complete section below:

| Date | Involvement |
|------|-------------|
| | |
| | |
| | |
| | |

25. Are you currently taking medication? Yes No If yes, please list.
Medication: _____ For what condition? _____
Medication: _____ For what condition? _____