

**COUNSELING & PSYCHOLOGICAL SERVICES CENTER
INITIAL CONSULTATION FORM**

Date: _____

ASU I.D. #: _____

NAME _____

First

Middle

Last

*Please check the appropriate box below
for your preferred method of contact:*

*May we contact you at
this email or number?*

Birth date: _____

Age: _____

Gender:

- Female
 Male
 Transgender

- Telephone (local) (____) _____
 Telephone (Cell) (____) _____
 Other Phone (____) _____
 E-Mail Address _____

- Yes No
 Yes No
 Yes No
 Yes No

ASU P.O. Box _____ Local Address: _____

Please Note:

- (1) If you are here to learn how to best help a friend, stop here! Please return these forms into the front desk!
(2) If you are here to address personal/emotional concerns, please complete the rest of the paperwork.

Please list contact information for the parent or guardian you would like us to contact in case of emergency.

Name: _____

Address: _____
Street City State Zip

Home Phone: (____) _____
Work Phone: (____) _____
Cell Phone: (____) _____

Race/Ethnicity:

- African-American / Black / African
 American Indian or Alaskan Native
 Arab American / Arab / Persian
 Asian American / Asian
 East Indian
 European American / White / Caucasian
 Hispanic / Latino / Latina
 Native Hawaiian or Pacific Islander
 Multi-racial
 Other (please specify): _____

Religious or Spiritual Preference:

- Agnostic
 Atheist
 Buddhist
 Confucian
 Christian
 Hindu
 Jewish
 Muslim
 No preference
 Pagan
 Prefer not to answer
 No religious affiliation
 Wiccan
 Other (please specify): _____

Relationship Status:

- Civil Union, domestic partnership or equivalent
 Divorced
 Married
 Separated
 Serious dating or committed relationship
 Single
 Widowed

Sexual Orientation:

- Bisexual Prefer not to answer
 Gay Questioning
 Heterosexual
 Lesbian

Country of Origin: _____

Are you an International Student? Yes No

How would you describe your financial situation right now?

- Always stressful Often stressful Never stressful
 Sometimes stressful Rarely stressful

Briefly describe what brings you to the Center: _____

Are you having any physical problems?

Yes No If yes, what? _____

Do you smoke?

Yes No

Physical Symptoms: (Check all that apply)

- Shortness of breath Racing heart Headaches
 Insomnia Teeth clenching Cold hands and feet
 High blood pressure Muscle tension Diarrhea/Constipation
 Stomach discomfort/Nausea (pain, butterflies, queasiness)

**Some of my present concerns are: (Please rate from 0-5 on level of importance – i.e.,
0 = Not Applicable, 1 = Least Important, 2 = Somewhat Important, 3 = Important, 4 = Very Important, 5 = Most Important)**

___ Personal Growth ___ Educational Concerns ___ Financial Concerns
___ Depression ___ Anxiety / Stress ___ Relationship with Others
___ Suicidal Thoughts ___ Alcohol/Drug Use ___ Spirituality
___ Study Skills ___ Physical Concerns ___ Weight/Body Image/Eating Issues
___ Marital/Family Concerns ___ Self-Concept ___ Career / Planning / Choosing a Major
___ Sexual Concerns ___ Decision-Making about leaving ASU

Please indicate which counseling services you would like to discuss with the counselor:

- General Information/Referral 1-2 Session Problem-Solving Biofeedback/Stress Management
 Group Counseling Couples Counseling
 Substance Abuse Services Career Exploration Other
 Dietitian Individual Counseling
 Referral for University / Community Resources

Do you have a diagnosed and documented disability?

- No
 Attention Deficit/Hyperactivity
 Deaf or Hard of Hearing
 Learning Disorders
 Mobility Impairments
 Neurological Disorders
 Physical/Health-Related Disorders
 Psychological Disorder / Condition
 Visual Impairments
 Other: _____

Significant Events (Check all that apply):

- The ending of a significant relationship
 Been a victim of or a witness to a violent crime
 Death of a loved one
 Any other traumatic event (specify):

Number of days per week you:

Drink Alcohol 0 1 2 or 3 4 or 5 6 or 7
 Use Marijuana 0 1 2 or 3 4 or 5 6 or 7
 Use Other Substances 0 1 2 or 3 4 or 5 6 or 7

Number of alcoholic drinks you typically consume when socializing or partying?

0 1 to 3 4 to 6 7 to 10 More than 10

Have you experienced the following DUE TO ALCOHOL OR OTHER DRUG USE in the past 12 months? (Check all that apply)

- Legal or judicial trouble
- Thought about or attempted to stop drinking/using
- Decreased levels of energy, mental clarity, or motivation
- Inability to stop drinking/using after starting
- High tolerance to the effects of alcohol or other substances
- Significant personality change when intoxicated/using
- Relationships affected by drinking/using

Do you have a parent, grandparent, or sibling that has experienced alcohol or drug addiction?

Yes No

Please indicate if/when you have had the following experiences: Check one per row.

	Never	Prior to College	After starting college	Both
Attended counseling for mental health concerns				
Taken prescribed medication for mental health concerns				
Been hospitalized for mental health concerns				
Received treatment for alcohol or drug use				
Others have expressed concern about your alcohol or drug use				
Purposely injured yourself without suicidal intent e.g., cutting, hitting, burning, hair pulling, etc.				
Seriously considered attempting suicide				
Made a suicide attempt				
Seriously considered injuring another person				
Intentionally injured another person				
Had unwanted sexual contact(s) or experience(s)				
Experienced harassing, controlling, and/or abusive behavior from another person e.g., friend, family member, partner, or authority figure				

Which of the following best describes you at the present time? (PLEASE PICK ONLY ONE)

- Someone else talked me into coming to the counseling center. I'm not really sure I want to be here or how counseling could help.
- I am hesitant to change anything about myself. I'm not sure what I would change or if I want to. However, it might help to talk with someone.
- I am prepared to work on my issues and aim towards change. I have thought a lot about this, and despite some ambivalence, I would like to proceed.
- I am already active in doing some things to change. I'm here to get other ideas and assistance.
- I am here to maintain the goals I've achieved. I don't want to slip back into old behaviors.