Fontbonne University
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COUNSELING & WELLNESS INTAKE FORM

Please complete this form and bring it with you to your first counseling appointment.
If you have questions, contact Counseling & Wellness at 314-889-1434 or ccharles@fontbonne.edu.
Counseling Services are solely for currently enrolled Fontbonne students.

Section I

Name ______________________________ **Date** ______________

Student ID __________ **Address** ______________________________

City ____________________ **State**______ **Zip** ________ **Are you a Resident student?** Y / N

Phone(s) ______________________________ **May we leave a message?** Y / N

Email ______________________________ **May we send a message?** Y / N

Gender F _____ M_____ Other ______________ **Date of Birth** ____________ **Age** ________

Academic Status (circle) Fr So Jr Sr Gr OPTIONS **I am currently in my** ________ **year of college**.

Major(s) ______________________________ **Cumulative GPA** ________

Number of Credits this semester ________ **Are you currently on academic probation?** ____________

Employer ______________________________ **Hours Worked Per Week** ____________

Please list the name of each person you currently live with in the chart below (Resident students include your roommates).

Name	Age	Relationship to You	Supportive of you? Y/N

Emergency Contact ____________________ **Relationship**____________ **Phone**____________

How did you hear about counseling services? (circle all that apply) Staff Faculty Peer/Friend Website Email Other

If other, please describe: ______________________________

Section II

Please state why you decided to come for counseling. ______________________

____

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____

How long has this been a problem for you? *Please be specific (i.e., days, weeks, months, or years).*

____

____

Please list any symptoms you may be having which contributed to your scheduling an appointment.

____

____

____

____

Please describe any incidents or problems that may have contributed to this problem (e.g., problem with academic program, relationship ending, past trauma, etc.):

____

____

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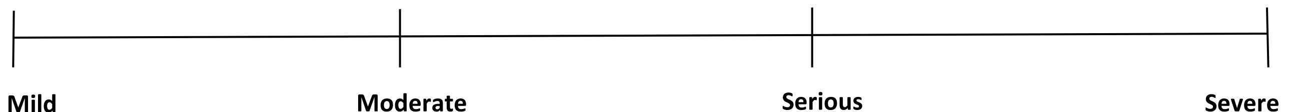
____

How would you estimate the severity of the problem at this time? (Place an “X” on the line below).



Mild **Moderate** **Serious** **Severe**

What would you like to experience that is different from what you are experiencing now?

____

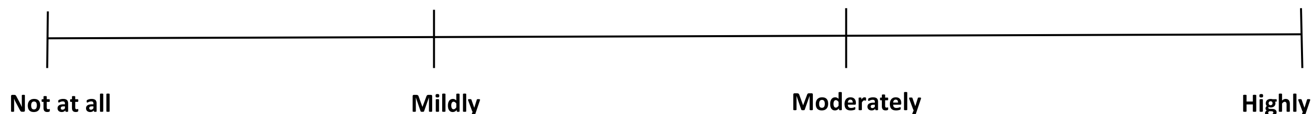
____

____

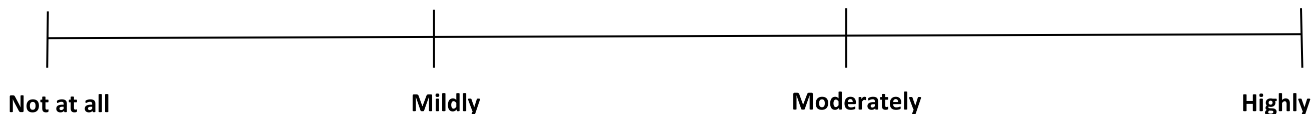
____

In the past, what has been helpful to you in dealing with this problem?

How motivated are you to resolve your problem(s)? (Place an "X" on the line below).

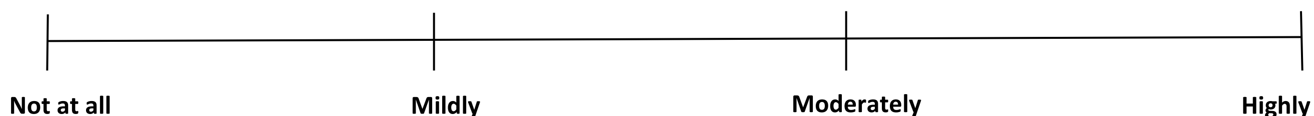


How hopeful/optimistic are you that your problems can be resolved? (Place an "X" on the line below).



Are you considering dropping out of school? Y/N

If yes, to what degree are the issues that brought you to counsleing contributing to your thoughts of dropping out?



Section III

Date of your last physical exam ______________________________

Please list any previous or existing medical conditions ______________________________

____

Have you ever been given a mental health diagnosis in the past from a mental health professional or physician? Y / N

If yes, what is/was that diagnosis? ______________________________

Are you currently taking any medications? Y / N If yes, please list all medications you currently take below.

Medication	Dosage	Person Prescribing	How long?	Helpful? Y/N

Have you previously been involved in counseling or therapy? Y / N If yes, please complete the chart below.

Reason/Problem	Therapist	When?	Helpful? Y/N

Is there a history of mental health problems in your family? Y / N If yes, please complete the chart below.

Is there a history of alcohol or drug problems in your family? Y / N If yes, please complete the chart below.

Condition/Problem (i.e., drug addiction, gambling addiction, depression, anxiety, etc.)	Who	Ongoing? Y/N

Have you ever been in legal trouble? Y / N

Have you ever been physically abused? Y / N

Have you ever been sexually abused or assaulted? Y / N

Have you ever been emotionally abused? Y / N

Have you ever been hospitalized for mental health reasons? Y / N

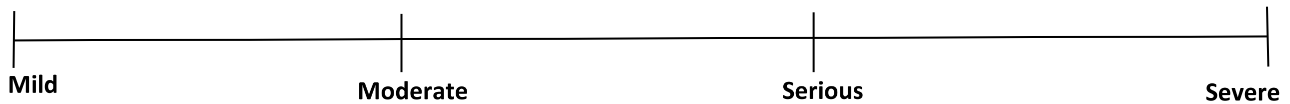
If so, when? ______________________________

Have you ever attempted suicide? Y / N

If so, when? ______________________________

Are you currently having suicidal thoughts? Y / N

How would you estimate the severity of the thoughts at this time? (Place an "X" on the line below).



Do you take illegal drugs? Y / N **If yes, what kind?** ______________________________

Do you drink alcohol? Y / N **If yes, how much?** ______________________________

Are your problems interfering with your academic performance? Y / N

Are your problems interfering with your ability to stay in school? Y / N

Section IV

Family Information

	Age	Name	What is the quality of your relationship with this person?	Deceased? Y/N
Parent/Guardian				
Parent/Guardian				
Stepparent				
Stepparent				
Siblings				
Your Children				

Are your parents divorced? Y / N **If yes, when?** ______________________

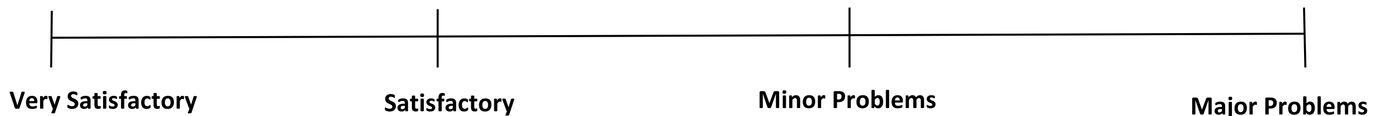
Are your stepparents divorced? Y / N **If yes, when?** ______________________

Your status (circle) Single Dating Married/partnered Divorced/Unpartnered Widowed/Surviving Partner

If currently dating, partnered or married, please give the person's name ______________________

How long have you been dating or in a relationship with this person? ______________________

Place an "X" on the line below that best describes your relationship with this person.



Very Satisfactory **Satisfactory** **Minor Problems** **Major Problems**

Whom do you count on for support? ______________________

If there is anything else about yourself that would be useful for your counselor to know in order to aid in your progress, please feel free to discuss it during your session.

Section V – Informed Consent

I have read the description of services and I understand and consent to the stated policies.

Signature: ______________________________ **Date:** ______________

Printed Name: ______________________________ **ID Number:** ______________

Phone: ______________ **Email** ______________________________

In case of emergency, please contact: ______________________________

Person's relationship to you: ______________________________ **Phone:** ______________

You will receive a copy of the informed consent to take with you.