

STUDENT INFORMATION FORM

Defiance College Counseling Services

Judy Crites, Psychology Practicum Student

Date: _____

Last Name: _____ First Name: _____ Date of Birth: _____

Sex: Male Female

Race: Caucasian Asian
 African American Indian
 Hispanic Mixed
 Other

Contact Information

Local Address:

Permanent Address:

Phone: _____

E-Mail _____

Situational Information

Marital Status

- Single
- Engaged
- Married
- Separated
- Divorced
- Domestic Partnership

Class Standing

- Freshman
- Sophomore
- Junior
- Senior
- Graduate Student

Field of Study: _____ Estimated GPA: _____

With whom do you live while at Defiance College?

Describe your family of origin with names, ages, and occupations (or levels in school) of parents and siblings.

Give names and ages of any children. If appropriate give partner's name, age, and occupation

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Presenting Problems

Please describe what brings you to the Counseling Center:

What situations or factors have RECENTLY triggered your problems or symptoms?
Where did they occur?

How severe would you rate your difficulties? Please circle the appropriate number.

1	2	3	4	5	6	7	8	9	10
Mild			Moderate				Severe		
Good functioning in social/academic activities			Some difficulty in social/academic activities				Inability to function in social/academic activities		

Who referred you to the Counseling Center at this time?

Are you presently receiving counseling or have you received counseling in the past?

Yes No

If you answered yes, where and for what reason?

Are you presently taking any medications?

Yes No

If you answered yes, name of medication.
