

Ohio Wesleyan University Counseling Services
HWCC Room 324

CONFIDENTIAL INTAKE DATA SHEET

Name: _____ Date: _____ ID# _____

Campus Address: _____ Box: _____ Cell: _____

Home Address: _____ Home Phone: _____
City: _____ State: _____ Zip Code: _____

Age: _____ Date of Birth: _____ Gender: _____ Gender Pronoun: _____

Sexual Orientation (Optional): _____

Ethnicity / Nationality:

African American / Black Anglo American / White Asian American / Pacific Islander

Hispanic American / Latino International _____

More than One Ethnicity _____ Native American

Other _____
(Please Specify)

Relationship Status: _____

1st Generation College Student: Yes No

Year in school: Freshman Sophomore Junior Senior Other

Major: _____ GPA: _____ Career Objective: _____

How many classes are you enrolled in: _____ Are you on academic probation Yes No

Are you a transfer student Yes No If yes, name of former school: _____

Are you currently employed Yes No If yes, how many hours per week: _____

If Counseling Services would need to contact you, is it okay to:

Call cell phone Yes No

Leave a voice message Yes No

Send a letter Yes No

E-mail Yes No E-mail address: _____

How did you learn about Counseling Services:

Self-referral Friend Faculty Residence Hall Staff (RA/RLC)

Academic Advisor Family Member Daily Bulletin Student Health Services

HelpLine Brochure Other _____

Does the problem which led you to counseling interfere with your ability as a student? Yes No

Medical Information:

Current medical condition/health concerns: _____

Current medications: _____

History of alcohol or other drug abuse? Yes No

Have you received treatment for alcohol or other drug abuse? Yes No

Briefly describe the concerns that led you to request an appointment at this time:

Circle **ONLY** those problem areas that apply to you by using the rating scale below:

1 = MILD

2 = MODERATE

3 = SEVERE

Adjustment to the University	1	2	3
Alcohol / Drug use	1	2	3
Anger	1	2	3
Anxiety, worries	1	2	3
Assertiveness	1	2	3
Assault	1	2	3
Body Image	1	2	3
Career Concerns	1	2	3
Choosing a major	1	2	3
Concentration	1	2	3
Concern for a friend	1	2	3
Depression	1	2	3
Decision (s)	1	2	3
Eating Problems	1	2	3
Fears	1	2	3
Finances	1	2	3
Grades	1	2	3
Guilt	1	2	3
Harassment	1	2	3
Hopelessness	1	2	3
Homicidal thoughts	1	2	3
Identity	1	2	3
Lack of energy	1	2	3
Learning disability	1	2	3
Legal matters	1	2	3
Loneliness	1	2	3
Loss / grief / death	1	2	3
Memory Problems	1	2	3
Motivation	1	2	3

Parent (s) / family	1	2	3
Physical Abuse	1	2	3
Physical disability	1	2	3
Pregnancy concern	1	2	3
Problems with faculty/staff	1	2	3
Procrastination	1	2	3
Relationship (s) with friend (s)	1	2	3
Religious / Spiritual concerns	1	2	3
Romantic relationship (s)	1	2	3
Roommate concerns	1	2	3
Schoolwork, grades	1	2	3
Self-control	1	2	3
Self-harm / self-injury	1	2	3
Self-esteem, self-concept	1	2	3
Sexual abuse	1	2	3
Sexual matters	1	2	3
Sexual orientation issues	1	2	3
Shyness	1	2	3
Sleep problems	1	2	3
Stress	1	2	3
Study skills	1	2	3
Suicidal thoughts	1	2	3
Test-taking anxiety	1	2	3
Test-taking preparation	1	2	3
Thoughts	1	2	3
Time management	1	2	3
Unhappiness	1	2	3

Have you been in counseling before? If yes, please describe.

How long have these issues been bothering you?

What would you like to accomplish in counseling?

How many counseling sessions do you anticipate needing? _____

Please give any additional information which you believe might be relevant to your concerns and counseling.