



DOWNSTATE
HEALTH SCIENCES UNIVERSITY

Intake Form

Name:

Date of Birth:

Address:

Phone:

Email:

Student ID No.:

In case of emergency:

Current year and program:

Ethnicity:

Relationship status:

Currently living:

Language spoken:

Please describe your current concerns, challenges or symptoms?

Who referred you to counseling?

Have you had previous counseling (If so, please list when and with whom)?

Please list any current and or past medication within the past two years (please include dosage, when possible):

Please list family members and current/past occupation as well as any emotional or physical health concerns/challenges:

Current strengths/healthy coping:

Student Concerns Checklist

Moods/Behaviors

- anxious/worried
- depressed/unhappy
- eating disorder/body image concerns
- hyperactive/inattentive
- shy/withdrawn
- low self-esteem
- aggressive behaviors
- stealing/lying
- other:

Relationships

- bullying
- difficulty making friends
- poor social skills
- problems with friends
- boy/girl friend issues
- other:

School Concerns

- homework challenges
- low test/assignment grades
- poor classroom performance
- sleeping in class/always tired
- sudden change in grades
- frequently tardy or absent
- new student
- other:

Home Concerns

- fighting with family members
- illness/death in the family
- parents divorced/separated
- physical/sexual abuse
- drug/substance abuse
- parent request
- other: