

*To help us address your needs and concerns, please complete a separate questionnaire for each person participating in therapy. Please answer honestly; all information will be kept confidential.*

***For children under 12:*** *1) parent(s) complete a questionnaire for themselves and answer all questions as they pertain to* ***you****, not your child; 2) please fill out* ***only the first two pages*** *of a separate questionnaire as they pertain to your child.*

***Client Information***

**Name:­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today’s Date:­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:­­\_\_\_Zip:­­\_\_\_\_­\_**

**Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Home, Work, or Cell?) **Leave message: ­­**\_\_Y\_\_N

**Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: ­­­­\_\_\_\_\_**Male \_\_\_\_\_Femal**e Ethnicity: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Status: \_\_\_**Married ­­­\_\_\_Single \_\_\_Divorced \_\_\_Widowed \_\_\_Separated \_\_\_Partnered

\_\_\_Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ **Years in Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client is:**

**\_\_\_**TTUHSC Student \_\_\_Spouse of HSC Student \_\_\_Child of HSC Student \_\_\_Other (list)\_\_\_\_\_\_\_\_\_\_

\_\_\_Employee \_\_\_Spouse of Employee \_\_\_Child of Employee \_\_\_ Other (list)\_\_\_\_\_\_\_\_\_\_\_

**Family Members (in household):**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_Relationship to Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_Relationship to Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_Relationship to Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_Relationship to Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_Relationship to Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Client? \_\_\_\_\_**Yes \_\_\_\_\_No If yes, counselors name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you learn about the Counseling Center?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Were you mandated to receive counseling?** \_\_\_Yes \_\_\_No

**In case of emergency, whom should we contact?**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Physician:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list **ALL MEDICATIONS** you area taking below, ***including non-prescription medications:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Medication** | **Dosage** | **Prescribing Doctor** | **When Began** | **Reason Taking** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***Benefit Information***

*Please provide information for* ***the person with EAP or PAS benefits****. If more than one person in the household has benefits, please check that program as well.*

**EAP Program:**

\_\_\_TTU

\_\_\_TTUHSC

\_\_\_Citibus

\_\_\_City of Lamesa

\_\_\_City of Lubbock

\_\_\_Lubbock Cooper ISD

\_\_\_LISD

\_\_\_Poka Lambro

\_\_\_PYCO Industries

\_\_\_Shallowater ISD

\_\_\_Shropshire Agency

\_\_\_Slaton ISD

\_\_\_South Plains College

\_\_\_South Plains Electric

\_\_\_Standard Sales

\_\_\_TT Federal Credit Union

\_\_\_UMC

\_\_\_UMC Physicians

\_\_\_United Way Agency (Communities in Schools, WPS, Catholic Family Services, Legal Aid,

BB-BS, Casa)

***Status: \_\_\_****Full Time \_\_\_Part Time \_\_\_Other* **Years Employed**: \_\_\_\_\_\_\_

**PAS Program:**

\_\_\_School of Medicine

\_\_\_School of Pharmacy

\_\_\_School of Nursing

\_\_\_School of Health Professions

\_\_\_Graduate School of Biomedical Sciences

***Status: \_\_\_****Full Time \_\_\_Part Time \_\_\_Other* **Years in Program**: \_\_\_\_\_\_\_

***Client Wellness***

**Current Concerns:** What problem(s) do you want help with in counseling? For each problem you identify, please state ***when the problem began*** and ***how distressed*** you have been by that problem.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Concern** | **When began?** | **A little** | **Moderate** | **Quite a bit** | **Extremely** |
| 1. |  | **1** | **2** | **3** | **4** |
| 2. |  | **1** | **2** | **3** | **4** |
| 3. |  | **1** | **2** | **3** | **4** |

**Range of Problems:** In the past month, how **troubled** were you by each of the following (*circle the number*):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all** | **A little bit** | **Moderately** | **Quite a bit** | **Extremely** |
| Medical Problems | **0** | **1** | **2** | **3** | **4** |
| Employment Problems | **0** | **1** | **2** | **3** | **4** |
| Family Problems | **0** | **1** | **2** | **3** | **4** |
| Psychological or emotional Problems | **0** | **1** | **2** | **3** | **4** |
| Legal Problems | **0** | **1** | **2** | **3** | **4** |
| Financial Problems | **0** | **1** | **2** | **3** | **4** |
| Alcohol Problems | **0** | **1** | **2** | **3** | **4** |
| Drug Problems | **0** | **1** | **2** | **3** | **4** |
| Tobacco use Problems | **0** | **1** | **2** | **3** | **4** |
| Chronic Pain Issues | **0** | **1** | **2** | **3** | **4** |
| Weight Issues | **0** | **1** | **2** | **3** | **4** |
| Suicidal Thoughts | **0** | **1** | **2** | **3** | **4** |
| Thoughts of harming someone else | **0** | **1** | **2** | **3** | **4** |

**Life Satisfaction:** At the present time, how satisfied are you with these areas of your life (*circle the number):*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Extremely Dissatisfied** | **Dissatisfied** | **Somewhat Dissatisfied** | **Somewhat Satisfied** | **Satisfied** | **Very Satisfied** |
| Work and/or Studies | **1** | **2** | **3** | **4** | **5** | **6** |
| Leisure time activities | **1** | **2** | **3** | **4** | **5** | **6** |
| Love and intimate relationships | **1** | **2** | **3** | **4** | **5** | **6** |
| Other Interpersonal relationships | **1** | **2** | **3** | **4** | **5** | **6** |
| General sense of happiness | **1** | **2** | **3** | **4** | **5** | **6** |
| Progress towards personal goals | **1** | **2** | **3** | **4** | **5** | **6** |

**Behavioral Health:**

Do you drink alcohol? \_\_\_Yes \_\_\_No If yes, what do you drink? ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do you drink? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you drink more than you use to? \_\_\_Yes \_\_\_No

Has anyone objected to your drinking? \_\_\_Yes \_\_\_No

Do you use drugs? \_\_\_Yes \_\_\_No If yes, which drug(s) do you use? ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do you use drugs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you use drugs more now than you use to? \_\_\_Yes \_\_\_No

Has anyone objected to your drug use? \_\_\_Yes \_\_\_No

Have you ever struggled with an eating disorder (*anorexia, bulimia, etc.*)? \_\_\_Yes \_\_\_No \_\_\_Not sure

If yes, which one(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When?\_\_\_\_\_\_\_\_\_\_ How long?\_\_\_\_\_\_\_\_\_

Have you ever engaged in self-harm (*cutting, burning, etc.*)? \_\_\_Yes \_\_\_No

If yes, what kind(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When was last occurrence?\_\_\_\_\_\_\_\_\_\_\_\_

**Who do you consider to be in your support system?** *(please check all that apply)*

\_\_\_spouse/partner \_\_\_immediate family \_\_\_extended family \_\_\_close friend \_\_\_group of friends \_\_\_faith group \_\_\_12 step program \_\_\_other *(specify)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To complete this intake please provide a photo ID at your first visit or email a copy of your photo ID to** [**counselingcenter@ttuhsc.edu**](mailto:counselingcenter@ttuhsc.edu) **(Parents ID should be provided for anyone under 18).**