TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
Counseling Center

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 _____Female **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 Professionals

___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)*_____