Wellness Center
Appointment Request & Intake Form

Date: _____

Student Information

First Name_____MI_____Last Name_____

Birth Date_____Banner ID Number_____

Address_____City_____State_____Zip Code_____

Email Address_____Cell Phone_____

Insurance (To be used if making a referral)_____

Emergency Contact Information

Name_____ Relationship_____

Phone_____ **May we contact this person if you are in crisis?** ☐ **YES** ☐ **NO**

Questionnaire

1. Prior counseling or therapy: ☐ YES ☐ NO

2. Reasons for visit:

☐ I am currently so upset that I may be unable to keep myself or others safe.

☐ I have a current plan to attempt suicide or to harm someone else.

☐ I have been physically or sexually assaulted within the last few days.

☐ Someone close to me has died within the last few days.

☐ I am having strange experiences such as hearing voices or seeing things that others do not.

☐ I have knowledge of another person being abused or assaulted.

☐ I have witnessed a traumatic event within the last few days.

☐ Other:_____

3. Current supports:

☐ Community ☐ Spiritual

☐ Family ☐ Significant other

☐ Friend(s) ☐ Other:_____

4. Student reports symptoms of (in last month)

☐ Alcohol/Drugs	☐ Loneliness/Homesickness	☐ Sexual Concerns
☐ Body Image	☐ Loss of Significant Person	☐ Sexual Misconduct
☐ Depression	☐ Parental Alcohol/Drug Use	☐ Sleeping Problems
☐ Disability	☐ Physical Stress/Headaches	☐ Speech Anxiety
☐ Domestic Violence	☐ Mental/ Emotional Stress	☐ Procrastination
☐ Self Esteem/Confidence	☐ Romantic Relationship Issues	☐ Suicidal Ideation
☐ LGBTQI Concerns	☐ Family/Friend Relationship Issues	☐ Test Anxiety

☐ Inadequate Academic Preparation

☐ Other:_____

5. To what degree do you feel like your academic progress is being impacted by your issue?

☐ Not at all ☐ Barely ☐ Somewhat ☐ Mostly ☐ A lot

6. Medications

☐ I am currently taking prescribed psychiatric medication.

☐ I have taken prescribed psychiatric medication in the past.

☐ I have stopped taking prescribed psychiatric medication.

☐ I have never taken prescribed psychiatric medication.

7. Would you prefer a Spanish speaking counselor? ☐ YES ☐ NO

Appointment Policy

If you need to cancel you appointment, please let us know by calling 203-285-2480. Kindly give us a 24-hour notice if possible.

Emergency Situations

- For on-campus emergencies — please come to the Wellness Center or call Campus Security at 203-285-2246.
- For off-campus emergencies — call 911 or go to your nearest Emergency Room.

Confidentiality

Any discussion and information you share with a counselor will remain confidential. This means that without your prior written consent, information will not be divulged to anyone except in the following special circumstances, which are required by law:

- If you are in immediate danger of harming yourself or someone else;
- If you disclosed that a child, disabled, or elderly person is being abused;
- If a court of law orders such information to be divulged (subpoena);
- For the purpose of consultation or supervision of your case with a professional colleague or clinical supervisor.

To be completed by counselor only:

Goals for student's meeting:

_____

_____

Additional Notes:

_____

_____

Action: ☐ Make Referral ☐ Schedule Follow-Up Appointment

Counselor Signature_____ Date_____