Department of Counseling and Human Development
Graduate School of Education and Human Development
The George Washington University

Today's Date: _____

First Name: _____ Middle Name: _____ Last Name: _____

Preferred Name: _____ Date of Birth: ___/___/___

Emergency Contact Name: _____ Emergency Contact Phone: _____

*The CCSC **will not** give out your address, phone number or e-mail address to anyone. We need to how you prefer that we contact you.*

Cell Phone: _____ May we leave a message at this number? ☐ Yes ☐ No

Alternative Number: _____ May we leave a message at this number? ☐ Yes ☐ No

E-mail: _____ May we correspond with you via e-mail? ☐ Yes ☐ No

Local Address: _____

City _____ State _____ ZIP Code _____

Can the CCSC send you mail at your *local* address? ☐ Yes ☐ No

Permanent Address: _____

City _____ State _____ ZIP Code _____

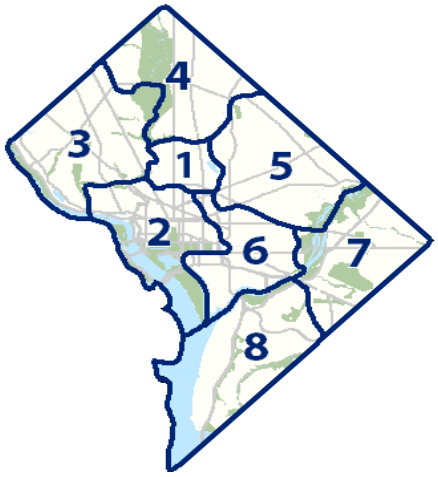
Can the CCSC send you mail at your *permanent* address? ☐ Yes ☐ No

DEMOGRAPHIC INFORMATION

Are you a student?	☐ Not a student ☐ Grade school or high school student ☐ George Washington University ☐ Other college or University:_____ ☐ Prefer not to disclose
What is the highest level of education you have completed?	☐ None ☐ Elementary School ☐ Middle School ☐ High School Diploma ☐ GED ☐ Vocational Training ☐ Some college ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate

How did you hear about the CCSC?	☐ CCSC Client ☐ Outreach done by CCSC on GW's Campus ☐ Former CCSC Intern ☐ Internet; found CCSC on line ☐ Colonial Health Center ☐ Meltzer Center ☐ Core Service Agency/Public Agency ☐ Private Practitioner ☐ Family member or friend ☐ Resident Assistant/Student Housing ☐ Prefer not to disclose
Ethnicity	☐ Hispanic or Latinx ☐ Non Hispanic or Latinx
Race	☐ Caucasian ☐ Black or African American ☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander ☐ More than one race ☐ Prefer not to disclose
Legal Status	☐ I am over 18 and have no legal guardian ☐ I am an emancipated minor ☐ I have a parent or legal guardian
Sexual Orientation	☐ Heterosexual ☐ Lesbian ☐ Gay ☐ Bisexual ☐ Questioning ☐ Prefer not to answer
Religious Affiliation	_____
Gender Identity	☐ Male ☐ Female ☐ Transgender man ☐ Transgender female ☐ Non binary ☐ Prefer not to identify with gender

Gender Pronouns	☐ She, her, hers ☐ He, him, his ☐ They, their, theirs ☐ Prefer not to disclose
Ward/County of Home	☐ DC Ward 1 ☐ DC Ward 2 (GWU) ☐ DC Ward 3 ☐ DC Ward 4 ☐ DC Ward 5 ☐ DC Ward 6 ☐ DC Ward 7 ☐ DC Ward 8 ☐ MD Montgomery Co ☐ MD Prince Georges Co ☐ VA Arlington Co ☐ VA Fairfax Co ☐Other:_____
Annual Household Income (Estimated)	☐ $0-$30,000 ☐ $30,000 - $60,000 ☐ $60,000 - $90,000 ☐ $90,000 - $120,000 ☐ $120,000 - $150,000 ☐ Over $150,000
Number of Children in Household	_____
Relationship Status	☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Living Together ☐ Widowed ☐ Prefer not to disclose



Members of your household		
Name	Age	Do they live with you?

FAMILY RELATIONSHIPS

Father's Name: _____ Age, if living: _____ If deceased, what year? _____

Please describe your relationship with your Father: _____

_____

_____

Mother's Name: _____ Age, if living: _____ If deceased, what year? _____

Please describe your relationship with your Mother: _____

_____

_____

Sibling's Names	Age	If deceased, when?	Describe relationship

EMPLOYMENT

Where are you currently employed? _____

What is your position? _____

If unemployed, what are the circumstances? _____

MEDICAL AND MENTAL HEALTH HISTORY

Describe significant illnesses, injuries or disabilities.
List health problems and medications, including dosages (e.g., Prozac, 100 mg/once a day).
Describe all prior outpatient and inpatient mental health treatment, giving dates.
Describe previous use of psychiatric medication.

Prescribing Doctor: _____ Phone Number: _____

DRUG AND ALCOHOL USE

Describe use of alcohol and other recreational drugs, in the past and present.
Include the name of the substance, the amount used, and frequency of use.
Describe any participation in treatment for substance use, e.g. hospitalization, 12-Step Meetings.
Note any legal problems related to substance use, e.g. driving under the influence.
Describe family history of alcohol and/or drug use, and its impact on you.

REASONS FOR COMING TO COUNSELING

Briefly describe your reason for coming to counseling.

CHALLENGES

Within the past three years, which of these have you experienced?

- ☐ Academic stress
- ☐ Academic underachievement
- ☐ Adjustment Disorder
- ☐ Adjustment to medical issues
- ☐ Anger problems
- ☐ Anxiety
- ☐ Attention Deficit Disorder
- ☐ Conduct Disorder/Delinquency
- ☐ Depression
- ☐ Divorce adjustment
- ☐ Eating Disorder
- ☐ Familial conflict
- ☐ Grief/Loss
- ☐ Impulse Control Disorder
- ☐ Low Self Esteem
- ☐ Oppositional Defiant Disorder
- ☐ Parent/Child Conflict
- ☐ Parenting issues
- ☐ Peer relationships
- ☐ Peer/Sibling Conflict
- ☐ Phase of Life Problems
- ☐ Physical/Emotional Abuse
- ☐ Post-Traumatic Stress Disorder
- ☐ Problem solving/decision making problems
- ☐ Sexual abuse victim
- ☐ Sexual identity issues
- ☐ Social Discomfort
- ☐ Social Phobia/shyness
- ☐ Stress management
- ☐ Suicidal ideation

ANYTHING ELSE?

Anything else you would like to share with your counselor? Questions you'd like to ask?