



## *Personal History*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth: \_\_\_\_\_

Age: \_\_\_\_ Gender: \_\_\_\_

Religion: Lutheran \_\_\_\_ Baptist \_\_\_\_ Presbyterian \_\_\_\_  
Catholic \_\_\_\_ Non-denominational \_\_\_\_  
Other (please specify) \_\_\_\_\_ None \_\_\_\_

### Ethnic Background:

African American \_\_\_\_ Asian American \_\_\_\_ Caucasian \_\_\_\_  
Chicano/Latino \_\_\_\_ Middle Eastern \_\_\_\_ Native American \_\_\_\_  
Other (please specify) \_\_\_\_\_

Status: Full time \_\_\_\_ Part-time \_\_\_\_  
Undergraduate \_\_\_\_ Graduate \_\_\_\_

### Residence: (Check all that apply)

On campus university housing \_\_\_\_ Live with parents/relatives \_\_\_\_  
Live with roommates \_\_\_\_ Live alone \_\_\_\_  
Off-campus housing \_\_\_\_

### Educational and Vocational History:

Student Status: 1<sup>st</sup> yr. \_\_\_\_ 2<sup>nd</sup> yr. \_\_\_\_ 3<sup>rd</sup> yr. \_\_\_\_ 4<sup>th</sup> yr. \_\_\_\_ 5<sup>th</sup> yr. \_\_\_\_ Other \_\_\_\_  
Academic Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Number of Units \_\_\_\_\_

Have you been diagnosed with a learning disability? \_\_\_\_\_

Are you currently working? Yes \_\_\_\_ No \_\_\_\_ Number of hours: \_\_\_\_  
Where: \_\_\_\_\_

### Medical/Counseling History:

Primary Care Physician: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_

Are you currently under a physician's care? Yes \_\_\_\_ No \_\_\_\_

Are you currently taking any medication? Yes \_\_\_\_ No \_\_\_\_

List any current medical or mental health diagnosis and/or medication:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized for medical concerns? Yes \_\_\_\_ No \_\_\_\_

Have you ever been hospitalized for mental health concerns? Yes \_\_\_\_ No \_\_\_\_

How would you describe your overall physical health? Very Good \_\_\_\_ Good \_\_\_\_ Not So Good \_\_\_\_

Have you had previous counseling experiences? Yes \_\_\_\_ No \_\_\_\_

When \_\_\_\_\_ Where \_\_\_\_\_

Are you considering doing harm to yourself or others? Yes \_\_\_\_ No \_\_\_\_

Family History:

Parents Marital Status \_\_\_\_\_

Siblings No. of Sister(s) \_\_\_\_\_ Age of Sister(s) \_\_\_\_\_

No. of Brother(s) \_\_\_\_\_ Age of Brother(s) \_\_\_\_\_

Check all that apply to your childhood:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Nightmares        | <input type="checkbox"/> Abuse           | <input type="checkbox"/> Bed wetting           |
| <input type="checkbox"/> Thumb sucking     | <input type="checkbox"/> Fears           | <input type="checkbox"/> Stammering/stuttering |
| <input type="checkbox"/> Happy childhood   | <input type="checkbox"/> Rebellion       | <input type="checkbox"/> Sexual molestation    |
| <input type="checkbox"/> Unhappy childhood | <input type="checkbox"/> School problems | <input type="checkbox"/> Memory blanks         |
| <input type="checkbox"/> Allergies         | <input type="checkbox"/> Sleep-walking   |  |
| <input type="checkbox"/> Other: _____      |  |  |

In terms of emotions and relationships, how would you describe the family you grew up in?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Health: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Health: \_\_\_\_\_

General History:

At what age did you derive your first knowledge of sex and how?

Do you feel any part of your sexuality is unhealthy or out of control?

Are you currently sexually active? Yes \_\_\_\_ No \_\_\_\_

Use several different words to describe your general personality style:

Do you have any sleeping disturbances or appetite changes? Yes \_\_\_\_ No \_\_\_\_

If so please explain:

How would you describe your spiritual life?

Did you move a lot as a child? Yes \_\_\_\_ No \_\_\_\_

Where did you grow up?

Who do you currently use for social/emotional support?

What other universities/colleges have you attended?

Alcohol and/or Other Drug Use:

Do you smoke? Yes \_\_\_\_ No \_\_\_\_ packs per day \_\_\_\_

How often did you have a drink containing alcohol in this past year? (CHECK ONE)

- Never
- Monthly or less
- 2 to 4 times a month
- 2 to 3 times a weeks
- 4 to 5 times a week
- 6 or more times a week

How many drinks did you have on a typical day when you were drinking in the past year? (CHECK ONE)

- 0 drinks
- 1 to 2 drinks
- 3 to 4 drinks
- 5 to 6 drinks
- 7 to 9 drinks
- 10 or more drinks

How often did you have 5 or more drinks on one occasion in the past year? (CHECK ONE)

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

Have you used any drug in the past 30 days that was NOT prescribed by a doctor (for example, marijuana, hash, cocaine, Adderal, diet pills, ecstasy, valium, LSD, acid, mushrooms, heroin, Vicodin, codeine or other)? (CHECK ONE)

- No
- Yes

### Why Are You Here?

What is the reason you are seeking counseling services?

Why did you decide to seek help now?

What is your goal in coming here?

How long have you had your current problem?

What would be a sign that you are getting on track?

What specifically do you want to change about yourself?

Describe traumas or losses in your life:



**Concordia University Irvine Counseling Center  
Consent for Treatment**

**SERVICES:** I understand Concordia University Counseling Center offers “time limited” counseling services and that these services are provided by either a Licensed Psychologist , Licensed Clinical Social Worker, Associate Social Worker, Master of Social Work Intern, Marriage and Family Therapist trainee, Marriage and Family Therapy intern or Licensed Marriage and Family Therapist. Trainees and Interns will be supervised by a Licensed Clinical Social Worker. If treatment is provided by a Trainee or Intern, pertinent counseling information will be discussed with a supervisor.

Generally a student receiving individual counseling comes in once a week for a 50 minute appointment at a fee of \_\_\_\_\_ per session. Because we have a limited amount of counseling appointments available, we encourage you to keep your scheduled appointments. If you are unable to keep an appointment, you must cancel within 24 hours notice to avoid a session fee. If you call to cancel your appointment we can reschedule you for another appointment. However, if you miss an appointment without canceling we will not assume that you are returning. If after missing an appointment you do not contact us to schedule another appointment, we will assume that you have discontinued counseling with CUI Counseling Center.

**ELIGIBILITY:** I understand that to be eligible for our services I must be a CUI student.

**APPROPRIATENESS AND REFERRALS:** I understand that the delivery of services from this agency to me shall be contingent upon whether the Counseling Center staff and I can agree that the services are appropriate given the needs and conditions I present. If it is decided that this is not the appropriate agency to meet my needs, I understand that I will be given referrals to resources more appropriate to my needs and goals.

**CONFIDENTIALITY:** I understand that confidentiality will be held and released in accordance with those laws which regulate the confidentiality of records and information. I understand that all information disclosed within sessions is confidential and may not be revealed to anyone outside the Counseling Center without my written permission. The only exception is in situations where disclosure is required by law:

1. If you are thought to be a danger to yourself or others
2. When there is an indication of abuse of a child or dependent adult
3. The following provides an explanation of our duties as they pertain to the abuse or neglect of children.
  - a) If you were abused (physically or sexually) or neglected as a child, and if other minor children are currently at risk of being abused or neglected by the person(s) who abused you, this information may need to be reported to the appropriate child protective services agency.
  - b) If you are under 18 years of age and disclose physical or sexual abuse to your counselor this information must be reported to the appropriate child protective services agency. If you report emotional abuse or neglect, this information may be reported to the appropriate child protective services agency
  - c) If you have physically or sexually abused a minor child, and that child, or other minor children are at risk of ongoing abuse, this information may need to be reported to the appropriate child protective services agency.
4. If I become gravely disabled
5. By court subpoena

**E-MAIL:** With respect to electronic mail (e-mail), I am cautioned that e-mail is not a confidential means of communication. Furthermore, the Counseling Center can not ensure that e-mail messages will be received or responded to if my counselor is not available. I understand that e-mail is not the appropriate way to communicate confidential, urgent, or emergency information. Therefore, I am encouraged to come to the Counseling Center or phone during open hours and call CUI security if I have urgent needs when the Counseling Center is closed.

\_\_\_\_\_ (please initial to consent) We periodically evaluate our treatment programs in order to improve our services to you. An independent research group conducts this research in order to ensure confidentiality and objectivity. The intake and pre/post-questionnaires you complete are used to compute group averages across the students we serve. No individually identifying information is ever used. These data are used for program planning, service evaluation, as well as to participate in national research.

**Unless otherwise indicated, I have voluntarily chosen to seek services at Concordia University Counseling Center and may terminate treatment at any time. I understand I have the right to be informed of the various steps and activities involved in receiving services, the right to humane care and self-determination, the right to make an informed decision regarding my participation and services, and the right to seek other counseling services and select practitioners of my choice and at my expense.**

**I understand the above mentioned information and authorize CUI Counseling Center to treat, and/or refer me to others as needed.**

Print Name: \_\_\_\_\_

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_