

Counseling Center

General Client Information

The following information is requested in order to provide you with quality services as well as assist our center with non-identifying data collection and funding support. Please answer each question. Your information will be kept confidential.

Personal Information

Today's Date _____ HC Student ID# _____

Name _____ Signature _____
Last First MI

Address _____
Street City State Zip Code

Home Phone _____ Email _____

Cell Phone _____ Birth date _____ Age _____

Religion/Spirituality _____

Gender Identity:	Sexual Orientation:	Relationship Status:
<input type="checkbox"/> Feminine <input type="checkbox"/> Masculine <input type="checkbox"/> Androgynous <input type="checkbox"/> Gender Neutral <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Queer <input type="checkbox"/> Straight/heterosexual <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Partnered/In Relationship <input type="checkbox"/> Other

Who may we contact in case of an emergency?

Name	Relationship	Phone Number

What is the racial/ethnic group with which you most identify? (Please mark all that apply)

American Indian or Alaskan Native
 Tribal Affiliation _____
 Multi-racial/ethnic (more than one race/ethnicity)
 Native Hawaiian, other Pacific Islander
 Asian/Asian American
 White
 Black or African American
 Other: _____
 Hispanic or Latino

Is English your first language? Yes No If NO, what is your first language? _____

Have you served in the U.S. Armed Forces? Yes No

Student Status: Current HC Student Potential HC Student Current CWU Student
 Former HC Student Community Member

Do you receive services from or participate in any of the following departments or programs? (Mark all that apply):

<input type="checkbox"/> Running Start	<input type="checkbox"/> Labor & Industries	<input type="checkbox"/> Access/ACHIEVE Services
<input type="checkbox"/> GED/High School Completion/ABE	<input type="checkbox"/> Division of Vocational Rehabilitation	<input type="checkbox"/> International Student Programs
<input type="checkbox"/> BFET	<input type="checkbox"/> Student Programs/Clubs	<input type="checkbox"/> ESL
<input type="checkbox"/> Opportunity Grant	<input type="checkbox"/> TRiO	<input type="checkbox"/> Women's Programs
<input type="checkbox"/> Worker Retraining		

Are you on academic probation? Yes No
 How many quarters have you been at Highline College? _____

Educational Goals

What degree and program are you seeking here at Highline College (if applicable)?

- Associate of Arts/Science _____
- Certificate (less than 2 years) _____
- Undecided
- Professional Technical AAS _____
- Bachelor Degree from CWU _____
- GED/High School Completion
- Continuing Education or Professional Development

Do you plan to transfer to a College or University? Yes No Undecided

If YES, intended transfer institution _____ Major (if known) _____

What is your primary concern for seeking services at the Counseling Center?

Needs

How can the Counseling Center best support your personal and educational goals? **Please check ALL that apply:**

Personal Counseling/Support

- | | | |
|--|---|---|
| <input type="checkbox"/> Abuse, Violence, Threat, Sexual Assault
<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Addiction, Substance Abuse, Recovery
<input type="checkbox"/> Adjustment or Transition
<input type="checkbox"/> Anxiety, Worries, Panic
<input type="checkbox"/> Conflict Resolution
<input type="checkbox"/> Depression, Sadness
<input type="checkbox"/> Discrimination/Bias/Oppression
<input type="checkbox"/> Other Concern(s): _____ | <input type="checkbox"/> Eating Issues / Body Image
<input type="checkbox"/> Family Concern(s)
<input type="checkbox"/> Feeling Overwhelmed
<input type="checkbox"/> Gender Identity
<input type="checkbox"/> Impulsivity
<input type="checkbox"/> Irritability () or Anger ()
<input type="checkbox"/> Loss, Grief
<input type="checkbox"/> Mood Swings / Instability
<input type="checkbox"/> Relationship Concern(s) | <input type="checkbox"/> Self-Care
<input type="checkbox"/> Self-Esteem
<input type="checkbox"/> Self-Harm
<input type="checkbox"/> Stress Management
<input type="checkbox"/> Sexuality Issue
<input type="checkbox"/> Thoughts or Feelings of Suicide
<input type="checkbox"/> Intimate Partner Violence
<input type="checkbox"/> Harassment |
|--|---|---|

Referral for Other Services/Resources: _____

Referral to Longer Term Counseling _____

Career Counseling

- | | |
|--|--|
| <input type="checkbox"/> Career Exploration, Planning, Direction
<input type="checkbox"/> Career Assessments (Interest and Personality Inventories)
<input type="checkbox"/> Career Research and Decision Making
<input type="checkbox"/> Career Goal Setting | <input type="checkbox"/> Choosing a Major or Course of Study
<input type="checkbox"/> Underemployed, unemployed
<input type="checkbox"/> Other Concern(s): _____ |
|--|--|

Educational Counseling/Support

- | | |
|---|---|
| <input type="checkbox"/> Advising
<input type="checkbox"/> Academic Probation, Suspension or Termination (includes Financial Aid)
<input type="checkbox"/> Failing Class (es)
<input type="checkbox"/> Instructor/Staff Concerns | <input type="checkbox"/> Learning Disability
<input type="checkbox"/> Study Skills
<input type="checkbox"/> Test Anxiety
<input type="checkbox"/> Time Management/Organization
<input type="checkbox"/> Other Concern(s): _____ |
|---|---|

What have you tried to do to solve these problem? _____

Have you seen a counselor at HC Counseling Center in the past? Yes No

If "yes," Counselor's name: _____

Have you seen or are you currently seeing a mental health professional? Yes No

If "yes," Provider's name: _____

List any health problems or medications you are currently taking. _____

How did you find out about the HC Counseling Center?

- Friend/Classmate Family Website/Internet Brochure/flyer Self-Referral HC Faculty Other: _____
 HC Student Services Staff (Department: _____) Community Mental Health Professional/Agency