

AMERICAN UNIVERSITY OF ARMENIA
COUNSELING SERVICES
INTAKE FORM

Student's Name: _____ **Date** (Month, day, year): _____

CONTACT INFORMATION (check all that apply):

Permanent Address: _____
(street) (city)

Cell Phone #: _____ OK to phone OK to leave message

Home or other Phone #: _____ OK to phone OK to leave message

AUA E-mail address: _____ OK to email regarding your appointment
(Please be aware that email might not be confidential)

Emergency contact name: _____ Relationship to you: _____

Telephone: _____

DEMOGRAPHIC DATA:

Date of Birth (Month, day, year): _____ Sex: _____

Sexual Orientation: Heterosexual Lesbian Gay Bi-sexual Other (Specify) _____

Student Status: Freshman Sophomore Junior Senior Graduate

Program: _____

Country of Citizenship: _____

In order to provide optimal service and support, we need to ask some questions that will help us better understand the issues that you are facing or have been facing.

Did someone encourage you to come to counseling? Self Friend Instructor
 Advisor Provost Family member Office of Student Affairs Other (specify) _____

Have you received counseling before? Yes No

Have you received counseling before at AUA? Yes No

If so, are you coming to counseling for the same reasons as before? Yes No

Please describe what is troubling you:

Approximately how long has this been of concern?

Day Week Month Several Months Year Several Years Most of Life

Do you have past Medical or Previous Psychiatric history? _____

Below is a list of problems people sometimes have. Read each one carefully identify those that have distressed you over the past week, including today.

		Please indicate the top three from the list
1. Depressed	18. Feeling lonely	1.
2. Emotional swings	19. Body image	2.
3. Lacking meaning in life	20. Panic attack	3.
4. Crying spells	21. Lack of energy	
5. Nightmares	22. Loss/grief/death	
6. Eating problems	23. Worried/anxious	
7. Sleeping problems	24. Can't make friends	
8. Low self-esteem	25. Anger	
9. Suicidal thoughts	26. Alcohol or drug concerns	
10. Physical health issues	27. Trouble concentrating	
11. Weight gain/loss	28. Faith concerns	
12. Sexual identity	29. Low energy	
13. Academic concerns	30. Financial concerns	
14. Loneliness	31. Legal concerns	
15. Bad home conditions	32. Exposed to psychological abuse	
16. Intimate relation concerns	33. Exposed to physical abuse	
17. Procrastination	34. Exposed to sexual abuse	

Other _____