LANGSTON UNIVERSITY WELLNESS CENTER
CLIENT INFORMATION SHEET
109 & 110 University Women 405-466-3401

This information will be kept in your confidential record and used to facilitate the counseling process.

If a counselor needs to contact you, would you prefer:
___ A non-identifying voicemail message ("This is Kenny, please call me at 466-3401.")
___ A message identifying Wellness Center as the caller ("This is Kenny with the Wellness Center, please call me at 466-3401.")
___ Please do not contact me.

___ Home Phone (____)_____ ___ Work Phone (____)_____
___ Cell Phone (____)_____ ___ Other Phone (____)_____

Last Name	**First Name**	**MI**	**Today's Date**
Campus Wide ID (CWID) #	☐ **Male** ☐ **Female** ☐ **Transgender**	**Age**	**Birthdate**

Hometown(s): _____

Campus/Local Address: **City/Zip Code**

Employed at_____; **hours per week**_____

What is your LU college?
☐ Agriculture
☐ Arts & Sciences
☐ Business
☐ Education
☐ Nursing
☐ Physical Therapy
☐ Graduate Education
☐ Summer Programs
☐ Nonstudent

Military Veteran?
☐ No
☐ Yes-Current
☐ Yes-Past

Class
☐ Freshman
☐ Sophomore
☐ Junior
☐ Senior
☐ Graduate
☐ Special

Currently enrolled at:
☐ LU
☐ Not enrolled

Credit hours enrolled in currently _____

Greek Affiliation?
☐ Yes ☐ No

Major:

Minor:

Cumulative GPA:

Transfer Student: ☐ Yes ☐ No

Attend Class Regularly: ☐ Yes ☐ No

Academic Probation: ☐ Yes ☐ No

Student Athlete: ☐ Yes ☐ No

Ethnicity
☐ African American/Black
☐ Asian American
☐ Caucasian
☐ Hispanic American
☐ Native American
☐ International student from_____
Other:_____

Affectional/Sexual Orientation
☐ Gay/Lesbian
☐ Bisexual
☐ Heterosexual
☐ Questioning/Uncertain
☐ Prefer to not answer

Housing
☐ Local/Off Campus
☐ Campus Housing
☐ Commuter

Diagnosed Disability?
☐ Yes ☐ No

If yes, please list:
_____
_____

Relationship Status
☐ Single
☐ Married
☐ Partnered
☐ Dating
☐ Engaged
☐ Separated
☐ Divorced
☐ Widowed

Please indicate who referred you to the Wellness Center:
☐ Self
☐ Friend
☐ Parent/Family
☐ Residence Hall Staff
☐ Health Clinic
☐ Student Disability Services
☐ Dean of Students
☐ LU/Local Police
☐ Professor/Instructor/Faculty
☐ Academic Advisor/University College
☐ Fraternity/Sorority
☐ Coach/Trainer
☐ Personal Physician or Psychiatrist
☐ Other:_____

Was the person who referred you a current or previous client at the SCC?
☐ Yes ☐ No ☐ Unknown

Have you previously been a client at the Wellness Center? ☐ Yes ☐ No **If yes, when?**_____

If your name has changed since you were last seen at WC, please provide your former name:_____

Have you ever been in counseling or therapy or been hospitalized for mental health reasons? ☐ Yes ☐ No
If yes, when and where? _____

Have you ever taken medication(s) for mental health reasons? ☐ Yes ☐ No
If yes, what and when? _____

Please describe the concerns you would like to discuss with a counselor:

Please check all issues/concerns that you believe apply to your current situation:

☐ Career/Major Indecision
☐ Relationships
☐ Family
☐ Sexual Orientation
☐ Alcohol/Drug
☐ Financial
☐ Adjustment to College
☐ Confusion about Beliefs
☐ Dating Concerns
☐ Independence from Family
☐ Ethnic/Racial Discrimination
☐ Anger, Irritability, Hostility
☐ Body Image
☐ Eating Problems
☐ Sexual Assault/Rape
☐ Learning Disability
☐ Death of Family Member/Friend
☐ Sleeping Problems
☐ Loneliness
☐ Perfectionism
☐ Physical Health Problems
☐ Pregnancy Related
☐ Procrastination/Time management
☐ Other_____
☐ Anxiety
☐ Depression
☐ Stress
☐ Academic Difficulty
☐ Test or Performance Anxiety
☐ Reading/Study Skills
☐ Religious/Spiritual
☐ Self-Esteem/Self-Confidence
☐ Sexual Concerns

Please check current symptoms:

☐ Suicidal Feelings
☐ Difficulty Concentrating
☐ Difficulty Sleeping
☐ Frequent Tiredness
☐ Lack of Motivation
☐ Changes in Appetite
☐ Other_____

Please indicate the seriousness of the concerns with which you are dealing:

	1	2	3	4	5	6	7	
Not very serious	☐	☐	☐	☐	☐	☐	☐	Very serious, I am in crisis

Please list your immediate family members and extended family members with whom you are close:

Name & Age	Relationship	Occupation

In the event of an emergency, is there someone we have your permission to contact?

Name:_____ Relationship: _____

Phone number: Home (_____)_____-_____ Cell (_____)_____-_____ Work (_____)_____-_____