

Name: _____

Student ID # _____ Birthdate: ____-____-____
(M) (D) (Y)

Cell Phone: _____ OK to Leave VM? Y N (circle One)

Email Address: _____ OK to Leave Email? Y N (circle One)

____ If you are having current or recent physical pain, on a scale of 0-10, (0 = no pain), how much physical pain are you feeling today?
If you are in treatment for this pain, please specify with whom. _____

Have you been seen in counseling/therapy before? Yes ____ No ____ At UCC? ____ Other? _____

Previous therapist(s) or treatment facility(s) _____

Were you referred to UCC? Yes ____ No ____ If yes, by whom? _____

Complete for all members of your family, **including yourself**. Circle your own rank among the siblings (1st, 2nd, 3rd, etc.).

	Relationship	Marital Status	Living or Deceased	Age	Sex	Occupation	Education
Family of Origin	Parent 1						
	Parent 2						
	Parent 3						
	Parent 4						
Current Family	1st Sibling						
	2nd Sibling						
	3rd Sibling						
	4th Sibling						
Current Family	Spouse/ Partner						
	1st Child						
	2nd Child						

Have you ever intentionally cut or otherwise hurt yourself? Yes No (please circle) If yes, explain.

Have you ever attempted suicide? Yes No (please circle) If yes, explain.

During the past year, what kind of stresses have you had?

Briefly explain your reasons for coming in today including any other information you would like your therapist to know about you.

Optional Information: How would you describe yourself? Please place an "x" by the correct description:

- | | |
|------------------------------|--|
| ____ Caucasian | ____ Native Hawaiian, Pacific Islander |
| ____ Hispanic | ____ Puerto Rican |
| ____ American Indian, Eskimo | ____ Multi-ethnic |
| ____ African American | ____ Non-Resident Alien |
| ____ Asian American | ____ Other Minority Group |
| ____ Mexican American | |