**Central Connecticut State University**

**Counseling and Wellness Center**

**Personal Data Sheet**

Name: Date:

CCSU ID #: Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address:

Cell Phone: Home/Other Phone:

Emergency Contact Information:

 (Name) (Phone)

Marital Status: Class Status: F S J S Grad.

Please read this checklist and check the items of concern to you

\_\_\_\_ (1) Academic adjustment

 (2) Adjustment to university life

 (3) Relationship issues

 (4) Grief and/or loss

 (5) Sexual concerns

 (6) GLBTQ issues

\_\_\_\_ (7) Diversity/cultural and equity issues

\_\_\_\_ (8) Depression

\_\_\_\_ (9) Anxiety, fears, worries

\_\_\_\_ (10) Irritable, angry, hostile feelings

\_\_\_\_ (11) Physical concerns

\_\_\_\_ (12) Sleep problems

\_\_\_\_ (13) Eating problems
\_\_\_\_ (14) Alcohol, drugs, substance abuse
\_\_\_\_ (15) Suicidal feelings/behavior

\_\_\_\_ (16) Serious harm to someone else
\_\_\_\_ (17) Other

Please write a sentence or two which describe what you would like help with: \_\_\_\_\_\_\_\_

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

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

Are you on academic or judicial probation? If so, please provide details.

Any recent hospitalizations:

Any medications/prescriptions:

How often do you have a drink containing alcohol? If so, how many do you typically drink?

Have you recently used any substances? If so, what kind?