

Doña Ana Community College Counseling Services

STUDENT INTAKE FORM

MSC 3DA, P.O. Box 30001, Las Cruces, NM 88003-8001

Phone: (575)527-7548 - TDD: (575)527-7647 - Fax: (575)527-7763

NAME _____ Student I.D.# _____

LOCAL ADDRESS _____

CITY _____ State _____ Zip _____

PHONE # _____ e-mail address _____

DATE OF BIRTH _____ M - F (circle one)

ETHNICITY (Optional): _____

Division (check one): ___ General Studies ___ Business & Information System
 ___ Technical Studies ___ Health & Public Services

Major: _____

Check one: ___ Fresh ___ Soph ___ Co-enrolled at NMSU ___ Non-degree

ENROLLMENT: Full-time___ Part-time___

REFERRED BY (check one): ___ Self ___ Instructor ___ Agency ___ Counselor ___ Other

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. What difficulties are you experiencing?

2. What would you like to achieve through use of Counseling Services to deal with these difficulties?

3. Are you presently being provided counseling or psychiatric services?

4. Do you have any concerns about harming yourself or others? _____

Explain: _____

5. Are you taking any medication? _____ Describe: _____

6. Are you taking any non-prescribed medication? (include vitamins): _____

Describe: _____

Academic concerns: study habits ___ procrastination ___ testing ___ math anxiety ___ performance ___

Other: _____

Adjustment/Transition Issues: family ___ academic ___ social/cultural ___ environmental ___

Other: _____

Anxiety: mild ___ moderate ___ severe ___

Appetite/weight problems:

Describe:

Attention/concentration: low ___ moderate ___ severe ___

Career development issues: undecided ___ indecisive ___ career transition ___

Depression: mild ___ moderate ___ severe ___

Feelings of hopelessness/despair:

Duration: one week ___ two weeks ___ one year ___ two years ___ more than two years ___

seasonal ___

Grief/Loss: family member ___ friend ___ other: _____

Impulse control: anger management ___ difficulty with the law ___ fights ___ loss of job ___

Level of energy: low ___ moderate ___ high ___

Anticipated Goal:

Read carefully:

I hereby authorize the Counseling Supervisor and the Counselors (who are licensed by the state of New Mexico) to review my counseling file and discuss the contents as a part of the program=s staffing process on a need-to-know basis.@ The counseling staff works as a team. This document will be treated as a confidential record.

I understand that confidentiality does not apply when disclosure is required to prevent clear and imminent danger to the client or others or when legal requirements demand that confidential information be revealed.

Student Signature

Date

Counselor Signature

Date