LC Student Counseling Center — Personal Information Form

Name:_____**Date:**_____

If you want us to use a chosen name, a variation of your legal name, or a nickname to address you, please share it here:_____

If you legally changed your name AFTER being admitted to LC, please provide your **full legal name** above. Due to the protected nature of your electronic health record, changing your legal name with the college Registrar will NOT reflect in the health record, and we want to update your name immediately!

Phone number: _____
May we leave you a voicemail message? □ Yes □ No

May we contact you by LC email (for scheduling and survey purposes ONLY)?**
□ Yes □ No
**E-mail is not a secure form of communication

Your answers to the following questions are confidential, and will only be viewed by staff in the Student Counseling Center

Who referred you to the Student Counseling Center (check any that apply)?
□ Self □ Family □ Friend □ Community Accountability and Conflict Education
□ Student Health Center □ Office of Student Accessibility □ Case Management
□ Health Promotion & Wellness □ Campus Living □ Career Center □ Center for Spiritual Life
□ International Student and Scholars □ Dean of Students
□ Faculty (please specify) □ Advisor (please specify) □ Other (Please specify)
If asked to specify, please do so here:_____

Do you have the school-sponsored insurance plan? □ Yes □ No
If NO, what is the name of your medical insurance carrier (e.g. Kaiser; Blue Cross/Blue Shield Oregon; Aetna; Moda; OHP Health Share; Cigna)? _____

Medical/Mental Health Emergency Contact (who you want us to notify in case of a serious health emergency): Name_____
Phone _____ **Relationship** _____

What is your academic status? □ Part-time □ Full-time
How many credits are you taking this semester? _____
What is your class standing?
□ First-year □ Sophomore □ Junior □ Senior □ Graduate student □ Law Student
□ Non-degree □ Academic English Studies (AES)

What is your academic major or program? _____
Did you transfer from another campus/institution to this school? □ Yes □ No
Are you an LC athlete? □ Yes □ No
Are you the first generation in your family to attend college? □ Yes □ No
Are you an international student? □ Yes □ No
If yes, what is your country of origin? _____

What is your gender identity?

□ Female □ Male □ Transgender □ Gender fluid □ Genderqueer □ Non-binary
□ Questioning/unsure □ Prefer not to answer □ Other (please elaborate)_____

If you would like to, please further describe your gender identity: _____

_____

We want to get your pronouns right! Please be sure that you let our staff know what pronouns you use. You can let us know in this form, or inform us in person or over the phone.

Due to our desire to keep your college academic record separate from your treatment record, any gender or pronoun updates that you recorded with the Registrar's Office will <u>not</u> automatically update into our electronic health records system, nor will our entry update into the college database.

Pronouns:

□ She/her/hers □ He/him/his □ They/them/their □ She/they □ He/they □ No pronoun
□ Prefer not to answer □ Other (please elaborate)_____

What is your racial/ethnic identity?

□ American Indian or Alaska Native □ Asian □ Black or African American □ Latina/o/x
□ Middle Eastern or North African □ Native Hawaiian or Pacific Islander □ White
□ Mixed or more than one □ Prefer not to answer □ Other (please elaborate): _____

If you would like to, please further describe your racial, cultural, ethnic, or regional identity:

_____

_____

What is your sexual orientation?

□ Lesbian/Gay □ Queer □ Asexual □ Heterosexual/Straight □ Bisexual □ Pansexual
□ Questioning □ Other □ Prefer not to answer

If you would like to, please further describe your sexual orientation: _____

_____

What is your relationship status?

□ Single □ Dating □ Partnered □ Married or registered domestic partnership □ Separated
□ Divorced □ Widowed □ Other (please elaborate) _____

If you would like to, please further describe your relationship status: _____

_____

Do you have (or suspect you have) a disability (e.g. physical, sensory, learning, ADHD, etc.) that you'd like us to know about?

□ Yes, I have a disability and I am registered with the Office of Student Accessibility
□ Yes, I have a disability, but I am NOT registered with the Office of Student Accessibility
□ Yes, I suspect I have a disability, but I have not been diagnosed
□ No

If you selected, "Yes" for the previous question, please indicate which category of disability (check all that apply):

□ Attention Deficit/Hyperactivity Disorders
□ Deaf or Hard of Hearing
□ Learning Disorders
□ Mobility Impairment
□ Neurological Disorders
□ Physical/health Related Disorders
□ Psychological Disorders/Conditions
□ Visual Impairments
□ Other (Please Specify) _____

Prior to today, have you attended counseling for mental health concerns?

□ Never □ Prior to starting college □ After starting college □ Both

Have you taken a prescribed medication for mental health concerns?

□ Never □ Prior to starting college □ After starting college □ Both

Please list ALL current prescription medications and dosages: _____

_____

How often do you have a drink containing alcohol?

□ Never □ Monthly or less □ 2-4 times per month □ 2-3 times per week □ 4 or more times per week

How many drinks containing alcohol do you have on a typical day when you are drinking?

(One standard drink is equivalent to 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.)

□ None □ One or Two □ Three or Four □ Five or Six □ Seven to Nine □ Ten or More

How often do you use marijuana (*i.e.* weed, pot, hash, hash oil)?

□ Never □ Monthly or less □ 2-4 times per month □ 2-3 times per week □ 4 or more times per week

How often do you use other mind-altering substances (*e.g.* unprescribed ADHD or pain medication, ketamine, mushrooms, acid, molly, cocaine, opiates, heroin, amphetamines, etc.)?

□ Never □ Monthly or less □ 2-4 times per month □ 2-3 times per week □ 4 or more times per week

How often do you use nicotine products (*e.g*. cigarettes, vape, chew, etc.)?

□ Never □ Monthly or less □ 2-4 times per month □ 2-3 times per week □ 4 or more times per week

How often do you use over-the-counter medication (*e.g.* Tylenol, Benadryl, antacid, etc)?

□ Never □ Monthly or less □ 2-4 times per month □ 2-3 times per week □ 4 or more times per week

Please indicate which of the following have resulted from your use of alcohol/drugs in the last <u>year</u> (check all that apply):

□ None □ Injury to someone else □ Injury to yourself □ DUI/DWI violation □ Blackouts
□ College Disciplinary Action □ Arguments/conflict with a friend □ Other legal problems
□ Academic problems (e.g. missed classes)

Please share your reason(s) for seeing a counselor:

_____

_____

_____

_____

How much are your counseling concerns hurting your schoolwork? (Circle a number)

Not at all *Very much*

1 2 3 4 5 6 7 8 9 10

Please indicate <u>how many times</u> and <u>the last time</u> you had each of the following experiences:

Purposely injured yourself without suicidal intent (e.g. cutting, hitting, burning, etc.):

How many times:	The last time was:
Never	Never
One time	Within the last month
2-10 times	Within the last year
11-20 times	More than 1 year ago
More than 20 times	

Been hospitalized for mental health concerns:

How many times:	The last time was:
Never	Never
One time	Within the last month
2-3 times	Within the last year
4-5 times	More than 1 year ago
More than 5 times	

Seriously considered attempting suicide:

How many times:	The last time was:
Never	Never
One time	Within the last month
2-3 times	Within the last year
4-5 times	More than 1 year ago
More than 5 times	

Made a suicide attempt:

How many times:	The last time was:
Never	Never
One time	Within the last month
2-3 times	Within the last year
4-5 times	More than 1 year ago
More than 5 times	

Student Concerns Rating Scale: The following list includes some common concerns of college students.

How much has each problem been **distressing** or **bothering** you **within the last MONTH**?
(Circle your answer for each item.)

0= Not at all 1= A little bit 2= Moderately 3=Quite a bit 4= Extremely

1.	Problems being successful academically	0	1	2	3	4
2.	Concern about staying in school	0	1	2	3	4
3.	Not sure Lewis & Clark is right for you	0	1	2	3	4
4.	Feeling lonely, isolated, or not having close friends	0	1	2	3	4
5.	Difficulty getting along with others	0	1	2	3	4
6.	Problems with parenting your children	0	1	2	3	4
7.	Problems with a romantic, dating or sexual relationship	0	1	2	3	4
8.	Family problems	0	1	2	3	4
9.	Financial problems	0	1	2	3	4
10.	Eating, appetite or weight issues	0	1	2	3	4
11.	Concerns about your physical appearance	0	1	2	3	4
12.	Problems paying attention or concentrating	0	1	2	3	4
13.	Feeling anxious, nervous, fearful, worried or panic	0	1	2	3	4
14.	Self-esteem	0	1	2	3	4
15.	Mood swings (highs and lows)	0	1	2	3	4
16.	Feeling sad, depressed, discouraged or hopeless	0	1	2	3	4
17.	Being self-critical or feeling guilty	0	1	2	3	4
18.	Trouble sleeping or sleeping too much	0	1	2	3	4
19.	Self-injurious behavior (e.g., cutting, burning, bruising)	0	1	2	3	4
20.	Thoughts of suicide	0	1	2	3	4
21.	Intentions of suicide	0	1	2	3	4
22.	Feeling irritable or angry	0	1	2	3	4
23.	Thoughts of wanting to hurt someone else	0	1	2	3	4
24.	Hearing or seeing things that others don't seem to respond to	0	1	2	3	4
25.	Internet use or computer gaming	0	1	2	3	4
26.	Use of alcohol, marijuana or other drugs	0	1	2	3	4
27.	Other addiction (e.g., gambling, nicotine, pornography, sex, etc.)	0	1	2	3	4
28.	Physical health concerns or chronic pain	0	1	2	3	4
29.	Difficulties related to a disability	0	1	2	3	4
30.	Experiences of prejudice, racism, or discrimination	0	1	2	3	4
31.	Concerns about your major or career choice	0	1	2	3	4
32.	Concerns associated with a sexually transmitted disease	0	1	2	3	4
33.	Problems with your living situation	0	1	2	3	4
34.	Experience of unwanted sexual activity, sexual abuse or rape	0	1	2	3	4
35.	Experience of or witness to violence	0	1	2	3	4
36.	Managing a loss due to death, separation, divorce or moving	0	1	2	3	4
37.	Adjusting to a new culture	0	1	2	3	4
38.	Concerns about your sexuality	0	1	2	3	4
39.	Other (specify): _____	0	1	2	3	4