University of South Carolina Lancaster Counseling Services

128 Bradley Building
P.O. Box 889, Lancaster, SC 29721

Intake Form
(All files are held in strict confidence)

Student ID ______________________ Date __________________ Major ____________________________

First Name ______________________ MI _____ Last Name ____________________

Age ________	Date Of Birth ______________	Gender Identity:	☐	Male	☐	Female	☐	Transgender	☐	Intersex

Race/ Ethnicity Check all that apply			
☐ African American/ Black	☐ Latino/Chicano/Hispanic	☐	International ______________________
☐ Asian /Pacific Islander American	☐ Multi-ethnic/racial	☐	Other ______________________
☐ European American/ Caucasian	☐ Native American/American Indian	☐	Decline to Respond ______________________

Relationship Status	☐	Single	☐	Long Term Relationship	☐	Married	☐	Separated	☐	Divorced	☐	Dating	☐	Civil Union

Local Address	City	State	Zip

Local Phone ☐ May We Leave A Message?	Email Address ☐ May We Send A Message?
May we send you a follow up evaluation form to ensure we are providing quality services?	☐ Yes ☐ No

Place of Work	City	State	Zip

Emergency Contact	Relationship to Student	Phone Number

I am currently in my ___1st ___2nd ___3rd ___4th ___5th ___6th+ yr of college	Academic Status ☐ Fr ☐ So ☐ Jr ☐ Sr	Advisor

Major	Minor	Cumulative GPA	Number of Credits This Semester

If you are a transfer student please list previous institutions of higher education attended:	

☐ Please mark this box if you are currently on academic probation ☐ Please mark this box if you have ever been on academic probation in the past	Hours per week you work in paid employment

Please indicate who referred you to the Counseling Services

Referral Type	☐ Self	☐ Faculty	☐ Trio Staff	☐ Other Staff	**Referral Name**
	☐ Friend	☐ Family	☐ Healthcare Provider	☐ Other______	

Have you ever been enlisted in any branch of the US military (active duty, veteran, national guard or reserves)?	☐ Yes ☐ No
Did your military experiences include any traumatic or highly stressful experiences which continue to bother you?	☐ Yes ☐ No

Please indicate your religious preference
☐ Agnostic ☐ Atheist ☐ Buddhist ☐ Christian
☐ Hindu ☐ Jewish ☐ Muslim ☐ No Preference
☐ Other (specify) ______________________________

What extent does your religious or spiritual preference play an important role in your life?
☐ Very Important ☐ Important
☐ Neutral ☐ Unimportant
☐ Very Unimportant

Are you actively involved in religious or spiritual activities
☐ Yes ☐ No

Describe the problem that brought you to the counseling center

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Are you currently or within the last year have you been under the care of a medical doctor? ☐ Yes ☐ No	If yes, who and for what condition
Do you have any other significant medical condition? ☐Yes ☐No	If yes, for what condition
Are you currently taking any medication to address a physical health condition? ☐Yes ☐No	If yes, list medication and dosage
Have you ever attended counseling for a mental health condition?	☐Never ☐Prior to College ☐After College ☐Both

If yes, list start/end date location therapist problem

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Have you ever been given a mental health diagnosis by a mental health professional? ☐Yes ☐No	If yes, list below
Have you ever taken a prescription medication for a mental health concern?	☐Never ☐Prior to College ☐After College ☐Both

If yes, list Start/end date Medication Dosage Prescribing Physician Problem

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Have you ever been hospitalized for a mental health concern?	☐Never ☐Prior to College ☐After College ☐Both

If yes, list Inpatient Facility Length of Stay Problem

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Have you ever received treatment for difficulties with alcohol or drug use?	☐Never ☐Prior to College ☐After College ☐Both

If yes, list Facility Length of Stay Problem

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Have you ever purposefully injured yourself without suicidal intent (e.g. cutting, hitting, burning, hair pulling, etc.)?	☐Never ☐Prior to College ☐After College ☐Both
Seriously considered attempting suicide?	☐Never ☐Prior to College ☐After College ☐Both
Made a suicidal attempt? ☐Never ☐Prior to College ☐After College ☐Both	If yes, when
Intentionally injured another person? ☐Never ☐Prior to College ☐After College ☐Both	Had an unwanted sexual experience? ☐Never ☐Prior to College ☐After College ☐Both
Experienced harassing, controlling, and/or abusive behavior from another person (e.g., friend, family member, partner, or authority figure)?	☐Never ☐Prior to College ☐After College ☐Both
Think back over the last two weeks. How many times have you had: five or more drinks* in a row (for males) OR four or more drinks* in a row (for females)? (* A drink is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.)	☐ None ☐Once ☐ Twice ☐3 to 5 times ☐6 to 9 times ☐Ten or more

Do you have a diagnosed and documented disability? (check all that apply) ☐ Attention Deficit/Hyperactivity Disorders

☐Deaf or Hard of Hearing ☐ Learning Disorders ☐ Mobility Impairments ☐ Neurological Disorders ☐ Visual Impairments

☐ Physical/health related Disorders ☐ Psychological Disorder/Condition ☐ Other (please specify)________________________

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Family of Origin (check all that apply)		My family has a history of (check all that apply)	
☐ Mom	☐ Dad	☐ Counseling	☐ Eating Disorder
☐ Stepmother	☐ Stepfather	☐ Alcohol/Drug Problems	☐ Depression
☐ Brother	☐ Sister	☐ Sexual Abuse	☐ Poor Communication
☐ Stepbrother	☐ Stepsister	☐ Physical Abuse	☐ Schizophrenia
☐ Other ______________________________		☐ Other ______________________________	

Question	Response
Who do you currently live with?	☐ Alone ☐ Spouse/Partner/or Significant Other ☐ Roommates ☐ Parents or Guardians ☐ Other Family Other (specify)____________________
Are you the first generation in your family to attend college?	☐ Yes ☐ No
Please indicate how much you agree with this statement: "I get the emotional help and support I need from my family."	☐ Strongly Disagree ☐ Somewhat Disagree ☐ Neutral ☐ Somewhat Agree ☐ Strongly Agree
Please indicate how much you agree with this statement: "I get the emotional help and support I need from my social network (e.g., friends & acquaintances)."	☐ Strongly Disagree ☐ Somewhat Disagree ☐ Neutral ☐ Somewhat Agree ☐ Strongly Agree
How would you describe your financial situation while growing up?	☐ Always Stressful ☐ Often Stressful ☐ Sometimes Stressful ☐ Rarely Stressful ☐ Never Stressful
How would you describe your financial situation right now?	☐ Always Stressful ☐ Often Stressful ☐ Sometimes Stressful ☐ Rarely Stressful ☐ Never Stressful

If there is any other important information or concerns that were not reviewed earlier in this document, please list this information below.

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