



**SPRING/FALL TELE-HEALTH  
INTAKE SCREENING FOR PSYCHOLOGICAL COUNSELING**

Name: \_\_\_\_\_ [ ] Male [ ] Female [ ] Decline

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Preferred method of contact: [ ] Cell Phone [ ] Home Phone [ ] Email only [ ] Phone only

Emergency contact: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Children (ages): \_\_\_\_\_

Employer: \_\_\_\_\_

Do you have medical insurance? [ ] Yes [ ] No

If so, what is the name of your insurance plan? \_\_\_\_\_

I am interested in:

- [ ] Individual Counseling [ ] Family Counseling
- [ ] Support or Educational Group Counseling [ ] Couples Counseling

Reason(s) for seeking psychological counseling (check all that apply):

- [ ] Anxiety [ ] Substance Abuse
- [ ] Depression [ ] Eating Disorder
- [ ] Relationship/Family Problems [ ] Abuse Issues
- [ ] Other: \_\_\_\_\_

How long has this problem(s) occurred? \_\_\_\_\_

Please list any prescribed medication you currently take: \_\_\_\_\_

What other student Services are you receiving? \_\_\_\_\_

Are you currently under the care of another counselor/therapist? [ ] Yes [ ] No

Do you feel like hurting yourself or anyone else? [ ] Yes [ ] No *Due to COVID-19 remote service measures, contact times from Mesa Student Health may vary. (IF you are filling this out electronically and feel like hurting yourself or anyone else- please immediately call the Access & Crisis Line at 888-724-7240 or 911)*

Today Date : \_\_\_\_\_  
 Staff Initial Received Intake: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Counselor Contact Date: \_\_\_\_\_

Is your current problem affecting your academic performance? [ ] Yes [ ] No

Are you in Crisis today? [ ] Yes [ ] No *Due to COVID-19 remote service measures, contact times from Mesa Student Health may vary. (IF you are filling this out electronically- please immediately call the Access & Crisis line at 888-724-7240.)*

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Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Please provide the following information for statistical purposes:

**Ethnicity:**

- [ ] Native American/Alaska
- [ ] Caucasian
- [ ] Hispanic/Latino
- [ ] Middle Eastern
- [ ] Hawaiian
- [ ] Asian/P.Islander
- [ ] African American
- [ ] Other
- [ ] Mixed (check all that apply)

Do you have a member in your family with a mental health illness? [ ] Yes [ ] No

Please "X" in all available times below:

	Mon	Tues	Weds	Thurs	Fri
8:00am					
9:00am					
10:00am					
11:00am					
12:00pm					
1:00pm					
2:00pm					
3:00pm					
4:00pm					
5:00pm					

Today Date : \_\_\_\_\_  
Staff Initial Received Intake: \_\_\_\_\_  
Date: \_\_\_\_\_  
Counselor Contact Date: \_\_\_\_\_

**NOTE: Availability of psychological counseling services may be limited and you may be put on a waiting list. You will be contacted as soon as an appointment becomes available.**

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