Eastfield Counseling Services
3737 Motley Drive
Mesquite, TX 75150
972-860-7371

Initial Counseling Consultation Form

Student ID#: _____ Name: _____ Date: ___/___/___
First Middle Last

Date of Birth: ____/____/____ Local Address: _____

Cell Phone: _____ May we leave a message? ☐ Yes ☐ No

Home Phone: _____ May we leave a message? ☐ Yes ☐ No

Work Phone: _____ May we leave a message? ☐ Yes ☐ No

email address: _____ May we email you? ☐ Yes ☐ No

Emergency Contact

Name: _____ Relationship: _____

Address: _____

Phones: Cell_____ Work:_____

Home: _____

Gender Identity: ☐ Woman ☐ Man ☐ Transgender ☐ Other (please specify) _____

Race/Ethnicity: ☐ African American / Black ☐ American Indian or Alaskan Native
☐ Asian American / Asian ☐ Hispanic / Latino/a ☐ White
☐ Native Hawaiian or Pacific Islander ☐ Multi-racial ☐ Other: _____

Country of Origin: _____ International Student? ☐ Yes ☐ No

Sexual Orientation: ☐ Heterosexual ☐ Lesbian ☐ Gay ☐ Bisexual ☐ Questioning ☐ Other: _____

Relationship Status: ☐ Single ☐ Serious dating or committed relationship ☐ Married ☐ Separated
☐ Divorced ☐ Civil union, domestic partnership, or equivalent ☐ Widowed

Academic Status: ☐ Freshman / First year ☐ Sophomore ☐ Junior ☐ Senior
☐ Graduate / Professional degree student ☐ High school student taking college classes
☐ Other: _____

GPA: _____ Are you a Transfer Student? ☐ Yes ☐ No If so, from where? _____

Are you registered with the Disability Services Office on this campus as having a documented and diagnosed disability? ☐ Yes ☐ No

If "Yes", please indicate which category of disability you are registered for (check all that apply):

- ☐ Attention Deficit / Hyperactivity Disorders (ADD / ADHD)
- ☐ Deaf or Hard of Hearing
- ☐ Learning Disorders
- ☐ Mobility Impairments
- ☐ Neurological Disorders
- ☐ Physical/health related Disorders
- ☐ Psychological Disorder/Condition
- ☐ Visual Impairments
- ☐ Other: _____

With whom do you live? Check all that apply.

- ☐ Alone
- ☐ Spouse, partner, or significant other
- ☐Roommate(s)
- ☐ Children
- ☐ Parents or guardians
- ☐ Family other
- ☐ Other: _____

Are you an athlete? ☐ Yes ☐ No Are you the 1st generation in your family to attend college? ☐ Yes ☐ No

Do you participate in extra-curricular activities? ☐ Yes ☐No How many hours? _____

- ☐ None
- ☐ Occasionally
- ☐ 1 regularly attended activity
- ☐ 2 regularly attended activities
- ☐ 3 or more regularly attended activities

Are you currently employed? ☐ Yes ☐ No How many hours? _____ Occupation: _____

Have you participated in an ROTC program? ☐ Yes ☐ No

Have you served in the Military Services? ☐ Yes ☐ No

If so, what branch? _____

Have you experienced Military Stress as a result of your service? ☐ Yes ☐ No If yes, please describe: _____

_____

_____

_____

_____

Are you the first generation from your family to serve in the Military Services? ☐ Yes ☐ No

Please rate your Financial Stress in the Present:
☐ Always stressful ☐ Often Stressful ☐ Sometimes Stressful ☐ Rarely Stressful ☐ Never Stressful

Please rate your Financial Stress in the Past:
☐ Always stressful ☐ Often Stressful ☐ Sometimes Stressful ☐ Rarely Stressful ☐ Never Stressful

Religious preference: ☐ Agnostic ☐ Atheist ☐ Buddhist ☐ Catholic ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ None ☐ Other_____

How important is your Religion to you?
☐ Very important ☐ Important ☐ Neutral ☐ Unimportant ☐ Very unimportant

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 ☐ 3-5 times ☐ 6-9 times ☐ 10 or more times

Think back over the last two weeks. How many times have you used marijuana?

☐ None ☐ Once ☐ Twice ☐ 3-5 times ☐ 6-9 times ☐ 10 or more times

Please indicate if and when you have had the following experiences	**Never**	**Prior to College**	**After starting college**	**Both**
Attended counseling for mental health concerns	○	○	○	○
Taken a prescribed medication for mental health concerns	○	○	○	○

Have you ever been hospitalized for mental health concerns?

☐ Never ☐ Once ☐ 2-3 times ☐ 4-5 times ☐ 6 or more times

If so, when was the last time?

☐ Last 2 weeks ☐ Last month ☐ Last year ☐ Last 1-5 years ☐ More than 5 years ago

Have you ever felt the need to reduce your drug or alcohol use?

☐ Never ☐ Once ☐ 2-3 times ☐ 4-5 times ☐ 6 or more times

If so, when was the last time?

☐ Last 2 weeks ☐ Last month ☐ Last year ☐ Last 1-5 years ☐ More than 5 years ago

Have others expressed concern about your drug or alcohol use?

☐ Never ☐ Once ☐ 2-3 times ☐ 4-5 times ☐ 6 or more times

If so, when was the last time?

☐ Last 2 weeks ☐ Last month ☐ Last year ☐ Last 1-5 years ☐ More than 5 years ago

Have you received treatment for drug or alcohol use?

☐ Never ☐ Once ☐ 2-3 times ☐ 4-5 times ☐ 6 or more times

If so, when was the last time?

☐ Last 2 weeks ☐ Last month ☐ Last year ☐ Last 1-5 years ☐ More than 5 years ago

Have you purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, hair pulling, etc.)?

☐ Never ☐ Once ☐ 2-3 times ☐ 4-5 times ☐ 6 or more times

If so, when was the last time?

☐ Last 2 weeks ☐ Last month ☐ Last year ☐ Last 1-5 years ☐ More than 5 years ago

Have you seriously considered attempting suicide?

☐ Never ☐ Once ☐ 2-3 times ☐ 4-5 times ☐ 6 or more times

If so, when was the last time?

☐ Last 2 weeks ☐ Last month ☐ Last year ☐ Last 1-5 years ☐ More than 5 years ago

Have you attempted suicide?

☐ Never ☐ Once ☐ 2-3 times ☐ 4-5 times ☐ 6 or more times

If so, when was the last time?

☐ Last 2 weeks ☐ Last month ☐ Last year ☐ Last 1-5 years ☐ More than 5 years ago

Have you seriously considered harming others?
☐ Never ☐ Once ☐ 2-3 times ☐ 4-5 times ☐ 6 or more times

If so, when was the last time?
☐ Last 2 weeks ☐ Last month ☐ Last year ☐ Last 1-5 years ☐ More than 5 years ago

Have you harmed another person?
☐ Never ☐ Once ☐ 2-3 times ☐ 4-5 times ☐ 6 or more times

If so, when was the last time?
☐ Last 2 weeks ☐ Last month ☐ Last year ☐ Last 1-5 years ☐ More than 5 years ago

Have you had unwanted sexual contact(s) or experience(s)?
☐ Never ☐ Once ☐ 2-3 times ☐ 4-5 times ☐ 6 or more times

If so, when was the last time?
☐ Last 2 weeks ☐ Last month ☐ Last year ☐ Last 1-5 years ☐ More than 5 years ago

Have you experienced harassing, controlling, and/or abusive behavior from another person (e.g., friend, family member, partner, or authority figure)
☐ Never ☐ Once ☐ 2-3 times ☐ 4-5 times ☐ 6 or more times

If so, when was the last time?
☐ Last 2 weeks ☐ Last month ☐ Last year ☐ Last 1-5 years ☐ More than 5 years ago

Have you experienced, witnessed, or learned of a traumatic event(s) that involved actual or threatened death or serious injury, or a threat to the physical integrity of yourself or others that led you to feel intense fear, helplessness, or horror?
☐ Never ☐ Once ☐ 2-3 times ☐ 4-5 times ☐ 6 or more times

If so, when was the last time?
☐ Last 2 weeks ☐ Last month ☐ Last year ☐ Last 1-5 years ☐ More than 5 years ago

Please describe the experience: _____

_____

_____

Please select the traumatic event(s) you have experienced:

- ☐ Childhood physical abuse
- ☐ Childhood sexual abuse
- ☐ Childhood emotional abuse
- ☐ Physical attack (e.g., mugged, beaten up, shot, stabbed, threatened with weapon, etc.)
- ☐ Sexual violence (e.g., rape or attempted rape, sexually assaulted, stalked, sexual abuse by intimate partner, etc.)
- ☐ Military combat or war zone experiences
- ☐ Kidnapped or taken hostage
- ☐ Other (please specify) _____
- ☐ Serious accident, fire, or explosion (e.g., an industrial, farm, car, plane, or boating accident)
- ☐ Terrorist attack
- ☐ Near drowning
- ☐ Diagnosed with life threatening illness
- ☐ Natural disaster (e.g., flood, earthquake, hurricane, tornado, etc.)
- ☐ Imprisonment or Torture
- ☐ Animal attack

How much do 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

How much do you agree with this statement? "I get the emotional help and support I need from my social network (e.g., friends and acquaintances."
☐ Strongly Disagree ☐ Somewhat Disagree ☐ Neutral ☐ Somewhat Agree ☐ Strongly Agree