



Hawkeye Community College
Student Health Clinic
Mental Health Counseling Intake Form

Name: Sex: Male Female Other
Date of Birth: Age: Religious Affiliation:
Preferred Email: Date:
Referred by:
Full Time Student Part time Student

Presenting Problem(s): check all that apply

- Sleeping problems, Destructive behaviors, Impulsive, School performance, Eating problems, Distractible, Strange thoughts, Other: please explain
Lack of motivation, Overactive, Self harm (cutting, burning etc), Feel slowed down, Hard to focus/concentrate, Missing classes, Strange behaviors
Lying, Procrastinate, Withdrawn, Fearful/anxious/worry, Restlessness, Suicidal thoughts, Suicide attempt

How long have these problems occurred (number of weeks, months, years):
Problems perceived to be: very serious serious moderately serious bothersome
What happened that brings you into counseling at this time:

Are you on academic suspension or probation Yes No Pending
Are you on financial aid suspension or probation Yes No Pending
Are you currently receiving academic accommodations Yes No Pending

Have you ever been diagnosed with a mental health condition (depression, anxiety, bipolar, ADD/ADHD)
Yes No If yes please explain:
Are you currently taking medication for the mental health condition: Yes No
If yes, what medication(s)

What year student are you: 1st year 2nd year other
If applicable, list other colleges you have attended, year attended, number of semesters, and reason for leaving:

Have you ever been emotionally or physically abused by a partner or someone close to you Yes No
At any age, have you ever been victim of unwanted sexual activity Yes No

Family of origin: Are your parents married separated divorced remarried living with a partner
deceased in a gay or lesbian relationship other
Number of siblings: full-siblings half-siblings step-siblings adopted-siblings
Are you an adopted child Yes No Were you ever placed in a home as a foster child Yes No
Are you single dating married separated divorced remarried living with a partner
If applicable: Number of children Number of miscarriages Number of abortions