

**PACIFIC UNIVERSITY STUDENT COUNSELING CENTER (SCC)
PERSONAL INFORMATION FORM**

Please provide the following information so that we can better serve you.

Date: _____ Student ID Number: _____

Name: _____
Last First Middle Initial

Name you would like us to call you (if different from above): _____

Date of Birth: ____ - ____ - ____ Age: _____ Residence Hall, if applicable: _____

Local Address: _____
Street City State Zip

Phone Number: (____) ____ - ____ May we leave a message? Yes No May we mention SCC? Yes No

Email: _____ May we contact you via email?* Yes No
*for the purpose of appointment reminders, scheduling, referrals or anonymous survey purposes

In case of emergency, contact: _____
Last First

Relationship: _____ Phone () _____

Please tell us about yourself below. We appreciate your efforts to provide this information, as it has been selected to be useful to counseling. However, you can choose to skip certain questions. Please note that we may use some of this information in non-identifiable aggregate (grouped, without any trace back to you) format in order to explain how we are serving the university.

My Gender Identity: _____ (e.g., fluid, female, trans*, male, non-binary...)

My pronouns: _____ (e.g., she, they, he, ze, sie/hir, just my name...)

My Sexual Identity: _____ (e.g., gay, straight, asexual, queer, lesbian, bisexual, pansexual)

My Racial, Cultural, and/or Ethnic Identity: _____

I am an International or ELI student from (fill in your home country): _____

My Religious or Spiritual Identity/Background: _____

Relationship Status: _____ (e.g., partnered, not partnered, polyamorous, married, single...)

I am employed: Yes No Employer: _____ # of hours I work per week: _____

I am involved in the following extracurricular activities: _____

I am a caregiver for: _____ I am first in my family to go to college: Yes No

I am an Undergraduate Student, majoring in: _____

I am a Graduate/Professional student in (your degree program): _____

I am a non-degree seeking student, studying: _____ I am a transfer student: Yes No

My Year in School: 1st 2nd 3rd 4th or higher _____ I am a Pell Grant recipient: Yes No

The following encouraged me to come to the SCC:

(check all that apply)

- Myself
- Friend
- Family/Parents
- Partner/Spouse
- Professor/Academic Advisor
- Learning Support Services (soon to be OAA)
- Student Health Services
- Dean of Students Office/Student Support
- Residence Life Staff
- Interpersonal Violence Advocate
- Student Conduct for BASICS/CASICS
- Other _____

I was raised by (check all that apply)

- Biological parent(s)
- Adoptive Parent(s)
- Stepfamily
- Foster family/families
- Extended family (such as grandparents, aunt...)
- Other _____

I have (how many): _____ siblings
 _____ half-siblings
 _____ step-siblings
 _____ adopted siblings

Insurance Provider: _____

I am currently (within the last year) under the care of a medical provider: Yes No

I have one or more medical conditions that may affect my wellbeing or mental health: Yes No

If yes, please describe: _____

I am currently taking medications, herbs, or supplements: Yes* No *If yes, please list them below

Medication, Herb, or Supplement	Dosage/Frequency	Purpose (e.g. sleep, depression...)	Prescribed By

I have (or suspect I have) a disability: Yes No **Please describe:** _____

I am registered with Pacific University Learning Support Services (soon to be OAA): Yes No

I have had previous counseling or psychotherapy: Yes No

Where? _____ With Whom? _____

I am currently receiving counseling or psychotherapy somewhere other than here (SCC)? Yes No

Where? _____ With whom? _____

My parents/primary caregivers who I grew up with are (please check any that apply)

- Married or committed partners
- Single parent
- Living together
- Separated (year or my age at the time): _____
- Divorced (year or my age at the time): _____
- Mother(s) deceased (year or my age at the time): _____
- Father (s) deceased (year or my age at the time): _____

My family has a history of: (check all that apply)

- Mental Health Condition
- Alcoholism/Other Drug Abuse
- Traumatic Events
- Serious or chronic medical condition
- Other _____

I grew up in: _____

I think of home as: _____

Please share briefly what brings you in for this consultation:

**I have experienced oppression regarding:
(Check all that apply)**

- Ethnic identity
- Racial identity
- Sexual identity
- Gender
- Disability
- Religious/spiritual identity
- Other (specify) _____

I have suffered a recent loss:

- Death
- Relationship ending
- Other (specify) _____

How often do you use alcohol?

- Daily or almost daily
- 1-3 times per week
- 1-2 times per month
- Monthly or less
- I do not use alcohol

How often do you use marijuana?

- Daily or almost daily
- 1-3 times per week
- 1-2 times per month
- Monthly or less
- I do not use marijuana

**How many caffeinated beverages
(including coffee/soda) do you have
on an average day? _____**

I use the following other drugs:

**The following has resulted from my
alcohol or drug use: (check any that
apply)**

- Legal problems
- Relationship concerns
- Blackouts
- Student Conduct disciplinary action
- Academic problems
- Difficulties with memory
- Other (specify) _____

**Check all that apply regarding experiences of
interpersonal violence:**

I have experienced:

- Unwanted sexual experience
- Sexual assault or abuse
- Physical assault or abuse
- Verbal assault or abuse
- Digital or social media harassment
- Sexual or gender based harassment
- Stalking
- Other (please define _____)

The other person was/persons were:

- A friend or acquaintance
- A person I was out with (a date)
- Someone I don't know (a stranger)
- A family member
- My partner
- My former or ex-partner
- Other (such as: supervisor, coach, clergy) Please define other _____

**The other person's/people's relationship to
Pacific is:**

- None (not affiliated with Pacific)
- Another Pacific Student
- Pacific Faculty
- Pacific Staff

This occurred while I was a Pacific student:

- Yes
- No

Timeframe:

- During the current school year
- In the past

Location:

- In a residence hall on Pacific campus
- On a Pacific campus or (not in resident hall)
- At an off campus university sponsored event
- Adjacent to campus (within one block)
- Off campus

The above information describes:

- A single experience
- Multiple experiences

In the past TWO WEEKS, I have had the following concerns:

0 = no concern 1 = little concern 2 = moderate concern 3 = significant concern

0	1	2	3	sleeping (less or more)	0	1	2	3	change in activity level (more or less)
0	1	2	3	intentional self-harm	0	1	2	3	feeling anxious
0	1	2	3	appetite (less or more)	0	1	2	3	sadness or depressed mood
0	1	2	3	worthlessness	0	1	2	3	acting in a violent manner
0	1	2	3	poor concentration	0	1	2	3	don't like my body
0	1	2	3	trauma	0	1	2	3	absent from classes too often
0	1	2	3	low energy or fatigue	0	1	2	3	change in my support system
0	1	2	3	headaches	0	1	2	3	indecision about major/career choice
0	1	2	3	experiencing oppression	0	1	2	3	questioning my reality
0	1	2	3	satisfaction with sexual activity	0	1	2	3	difficulty with memory
0	1	2	3	often worried	0	1	2	3	thinking of leaving Pacific
0	1	2	3	feeling unsafe	0	1	2	3	identity concerns
0	1	2	3	acting impulsively	0	1	2	3	thoughts of harming someone
0	1	2	3	changes in weight	0	1	2	3	financial problems
0	1	2	3	thoughts of ending my life	0	1	2	3	concerns regarding eating
0	1	2	3	stress	0	1	2	3	my use of alcohol or other substances
0	1	2	3	seeing or hearing things others do not	0	1	2	3	feeling threatened by someone
0	1	2	3	feeling irritable or angry					

Please estimate how much your problems are affecting the following areas of your life:

	No Interference	Mild Interference	Moderate Interference	Severe Interference
Academic				
Social				
Work/Practicum				
Physical				

Please indicate the times you are NOT available for an appointment by marking an X in the boxes below:

	Mon	Tues	Wed	Thurs	Fri
9 AM					
10 AM					
11 AM					
Noon					
1 PM					
2 PM					
3 PM					
4 PM					
5 PM					