

Elon University Counseling Services

Welcome to Counseling Services. Feel free to share any questions/concerns you may have with us.

As part of our commitment to providing the highest quality of services possible, we'd like to gather some information about you so we can serve you better. Before meeting with your counselor, please complete the following information:

Confidentiality statement (below, please read and sign)
Client Intake Form
Assessment (CCAPS)

Thank you. Please do not hesitate to let us know any suggestions/feedback you have that may help us to serve you better.

CONFIDENTIALITY STATEMENT

Your counselor is committed to upholding the standards of confidentiality. This means that the information you share with your counselor will not be disclosed to others, except under the following 4 specific conditions:

- (1) if you give prior written consent to share information
- (2) if you are at significant risk of harming yourself or others
- (3) if you disclose child or elder abuse
- (4) if the counselor is mandated to disclose documents
by a court of law

I have read and understand the above confidentiality statement and consent to disclosure of my communications with a counselor under the limited circumstances described above.

SIGNED: _____ DATE: _____

**Elon University Counseling Services
Intake Form**

Date: _____

Cell Phone Number: _____

First Name: _____

Middle: _____

Last: _____

Preferred Name: _____

1. Date of Birth: ____/____/____ 2. Current Age: _____ 3. Gender: Female Male Transgender

4. Race (select one):
 African-American / Black / African
 American Indian or Alaskan Native
 Asian American / Asian
 Caucasian / White
 Hispanic / Latino / Latina
 Native Hawaiian or Pacific Islander
 Multi-racial
 Other (please specify): _____

5. Country of Origin: _____

6. Are you an International Student?
 Yes No

7. Sexual Orientation:
 Heterosexual Bisexual
 Lesbian Questioning
 Gay

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

9. Academic Status:
 Freshman / First-year
 Sophomore
 Junior
 Senior
 Graduate / professional degree student
 Non-student
 Non-degree student
 Faculty/staff
 Other (please specify): _____

10. Major: _____

11. GPA: _____

12. Credits this semester: _____

13. Home Address: _____

 Campus Address: _____

 Email: _____

14. Emergency Contact Name: _____

 Emergency Contact Phone: _____

 Relationship to you: _____

15. What kind of housing do you currently have?
 On-campus residence hall/apartment
 On/off campus fraternity/sorority house
 On/off campus co-operative house
 Off-campus apartment/house
 Other (please specify): _____

16. With whom do you live? (check all that apply)
 Alone
 Spouse, partner, or significant other
 Roommate(s)
 Children
 Parent(s) or guardian(s)
 Family other
 Other (please specify): _____

17. Please estimate the number of hours per week you are actively involved in organized extra-curricular activities (e.g., sports, clubs, student government, etc.):
 _____ Hours/wk

18. What is the average number of hours you work per week during the school year (paid employment only)?
 _____ Hours/wk

19. Religious or Spiritual preference:
 Agnostic Jewish
 Atheist Muslim
 Buddhist No preference
 Catholic Prefer not to answer
 Christian Other:
 Hindu

Describe if you wish: _____

20. To what extent does your religious or spiritual preference play an important role in your life?
 Very Important
 Important
 Neutral
 Unimportant
 Very unimportant

21. Are you registered with the Office of Disability Services on this campus, as having a documented and diagnosed disability?
 Yes No
 If yes, please elaborate: _____

22. Briefly describe what brings you to counseling today:

<p>23. Do you participate on an athletic team that competes with other colleges or universities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>24. Are you the first generation in your family to attend college? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>25. How would you describe your financial situation <u>right now</u>? <input type="checkbox"/> Always stressful <input type="checkbox"/> Often stressful <input type="checkbox"/> Sometimes stressful <input type="checkbox"/> Rarely stressful <input type="checkbox"/> Never stressful</p>
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26. **Mother's Name:** _____ living deceased **Father's Name:** _____ living deceased

Mother's occupation: _____ **Father's occupation:** _____

Mother's education: _____ **Father's education:** _____

My parents are: Married Separated Divorced Living together Other (please describe):
 If separated/divorced, how old were you when this occurred?

<p>30. Who referred you to us? <input type="checkbox"/> Self <input type="checkbox"/> Friend <input type="checkbox"/> Parent or relative <input type="checkbox"/> Faculty or Advisor <input type="checkbox"/> Residence Life Staff <input type="checkbox"/> University Health Services <input type="checkbox"/> Judicial Affairs <input type="checkbox"/> Other:</p>	<p>31. Siblings (please list all and indicate age and relationship—full, half, step):</p>
<p>33. Medications you are currently taking:</p>	

Please indicate if/when you have had the following experiences: <i>check one per row</i> ▶	Never	Prior to college	After starting college	Both
34. Attended counseling for mental health concerns				
35. Taken a prescribed medication for mental health concerns				
36. Been hospitalized for mental health concerns				
37. Received treatment for alcohol or drug use				
38. Purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, hair pulling, etc.)				
39. Seriously considered attempting suicide				
40. Made a suicide attempt				
41. Considered seriously injuring another person				
42. Intentionally caused serious injury to another person				
43. Had unwanted sexual contact(s) or experience(s)				
44. Experienced harassing, controlling, and/or abusive behavior from another person (e.g., friend, family member, partner, or authority figure)				
45. Have you experienced a traumatic event that caused you to feel intense fear, helplessness, or horror?				

46. Do you currently have any physical health problems?
 Yes (please describe) No

CCAPS-62

Name: _____ Date: _____

INSTRUCTIONS: The following statements describe thoughts, feelings, and experiences that people may have. Please indicate how well each statement describes you, during the past two weeks, from "not at all like me" (0) to "extremely like me" (4), by marking the correct number. Read each statement carefully, select only one answer per statement, and please do not skip any questions.

	Not at all like me	1	2	3	Extremely like me
1. I get sad or angry when I think of my family	0	1	2	3	4
2. I am shy around others	0	1	2	3	4
3. There are many things I am afraid of	0	1	2	3	4
4. My heart races for no good reason	0	1	2	3	4
5. I feel out of control when I eat	0	1	2	3	4
6. I enjoy my classes	0	1	2	3	4
7. I feel that my family loves me	0	1	2	3	4
8. I feel disconnected from myself	0	1	2	3	4
9. I don't enjoy being around people as much as I used to	0	1	2	3	4
10. I feel isolated and alone	0	1	2	3	4
11. My family gets on my nerves	0	1	2	3	4
12. I lose touch with reality	0	1	2	3	4
13. I think about food more than I would like to	0	1	2	3	4
14. I am anxious that I might have a panic attack while in public	0	1	2	3	4
15. I feel confident that I can succeed academically	0	1	2	3	4
16. I become anxious when I have to speak in front of audiences	0	1	2	3	4
17. I have sleep difficulties	0	1	2	3	4
18. My thoughts are racing	0	1	2	3	4
19. I am satisfied with my body shape	0	1	2	3	4
20. I feel worthless	0	1	2	3	4
21. My family is basically a happy one	0	1	2	3	4
22. I am dissatisfied with my weight	0	1	2	3	4
23. I feel helpless	0	1	2	3	4
24. I use drugs more than I should	0	1	2	3	4
25. I eat too much	0	1	2	3	4
26. I drink alcohol frequently	0	1	2	3	4
27. I have spells of terror or panic	0	1	2	3	4
28. I am enthusiastic about life	0	1	2	3	4
29. When I drink alcohol I can't remember what happened	0	1	2	3	4
30. I feel tense	0	1	2	3	4
31. When I start eating I can't stop	0	1	2	3	4
32. I have difficulty controlling my temper	0	1	2	3	4
33. I am easily frightened or startled	0	1	2	3	4

CCAPS-62

	Not at all like me			Extremely like me
34. I diet frequently	0	1	2	3	4
35. I make friends easily	0	1	2	3	4
36. I sometimes feel like breaking or smashing things	0	1	2	3	4
37. I have unwanted thoughts I can't control	0	1	2	3	4
38. There is a history of abuse in my family	0	1	2	3	4
39. I experience nightmares or flashbacks	0	1	2	3	4
40. I feel sad all the time	0	1	2	3	4
41. I am concerned that other people do not like me	0	1	2	3	4
42. I wish my family got along better	0	1	2	3	4
43. I get angry easily	0	1	2	3	4
44. I feel uncomfortable around people I don't know	0	1	2	3	4
45. I feel irritable	0	1	2	3	4
46. I have thoughts of ending my life	0	1	2	3	4
47. I feel self conscious around others	0	1	2	3	4
48. I purge to control my weight	0	1	2	3	4
49. I drink more than I should	0	1	2	3	4
50. I enjoy getting drunk	0	1	2	3	4
51. I am not able to concentrate as well as usual	0	1	2	3	4
52. I am afraid I may lose control and act violently	0	1	2	3	4
53. It's hard to stay motivated for my classes	0	1	2	3	4
54. I feel comfortable around other people	0	1	2	3	4
55. I like myself	0	1	2	3	4
56. I have done something I have regretted because of drinking	0	1	2	3	4
57. I frequently get into arguments	0	1	2	3	4
58. I find that I cry frequently	0	1	2	3	4
59. I am unable to keep up with my schoolwork	0	1	2	3	4
60. I have thoughts of hurting others	0	1	2	3	4
61. The less I eat, the better I feel about myself	0	1	2	3	4
62. I feel that I have no one who understands me	0	1	2	3	4