



MARS HILL UNIVERSITY COUNSELING CENTER INTAKE FORM

NAME _____ **AGE** ____ **GENDER IDENTITY** ____

RACE/ETHNICITY _____ **RESIDENCE** _____

PHONE _____ **OK TO CALL/TEXT?** ____ **EMAIL** _____

EMERGENCY CONTACT NAME/NUMBER _____

PRIOR COUNSELING? Y/N ____ **IF YES, WHEN/WHERE** _____

WERE YOU GIVEN A DIAGNOSIS? Y/N ____ **IF YES, EXPLAIN** _____

PRESENTING CONCERN(S) _____

MEDICAL ISSUES _____

MEDICATIONS _____

***PLEASE SHARE AS MUCH AS YOU WOULD LIKE ABOUT THE FOLLOWING (USE THE BOTTOM OR BACK OF THE PAGE IF NEEDED)**

FAMILY HISTORY _____

EDUCATION HISTORY _____

SPIRITUALITY _____

EMPLOYMENT HISTORY _____

LEGAL HISTORY _____

ALCOHOL/SUBSTANCE USE HISTORY _____

HISTORY OF TRAUMA _____

SIGNATURE _____ **DATE** _____

COUNSELOR SIGNATURE _____ **DATE** _____