

Welcome to the Shaw University Counseling Center. Please complete this form with all HONESTY and to the best of your ability. Although, you are not required to answer each question on this form, doing so will give us a better understanding in addressing your needs.

PLEASE PRINT CLEARLY!

Name				Student ID#				Date	
CIRCLE:	Freshmen	Sophomore	Junior	Senior	Sex:	Male	Female		
Print Campus Address (Residence Hall):				Print Permanent Address:					
Residence Phone (with area code):				May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Local/Home/Permanent Phone (with area code):				May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Cell Phone (with area code):				May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No					
May We E-Mail You?									
If yes, give your Preferred Address									
1. Have you ever participated in counseling or therapy before? If yes, explain.									
2. Have you ever been hospitalized as a result of your participation in counseling or therapy? If yes, explain.									
3. What are your current concerns?									
CHECK EACH CONCERN THAT YOU ARE CURRENTLY EXPERIENCING (OR HAVE EXPERIENCED IN THE LAST MONTH):									
<input type="checkbox"/> Depression		<input type="checkbox"/> Body Image		<input type="checkbox"/> Loss of Significant Person		<input type="checkbox"/> Stress			
<input type="checkbox"/> Suicidal Ideation		<input type="checkbox"/> Parental Alcohol/drug Use		<input type="checkbox"/> Family/Friend Relationship Issue		<input type="checkbox"/> Physical Stress/Headaches			
<input type="checkbox"/> Loneliness/Homesickness		<input type="checkbox"/> Speech Anxiety		<input type="checkbox"/> Sleeping Problems		<input type="checkbox"/> Inadequate Academic Preparation			
<input type="checkbox"/> Procrastination		<input type="checkbox"/> Self Esteem/Confidence		<input type="checkbox"/> Domestic Violence		<input type="checkbox"/> Disability (learning, psychological, physical, etc.)			
<input type="checkbox"/> Sexual Concerns		<input type="checkbox"/> Romantic Relationship Issues		<input type="checkbox"/> Sexual Misconduct					
<input type="checkbox"/> Gay/Lesbian/Bisexual Issues		<input type="checkbox"/> Alcohol/ Drugs							
<input type="checkbox"/> Test Anxiety									
Explain									
Please Contact the Counseling Center for an appointment at 919-546-8525 or 919-546-8283 or visit the 2 nd Mobile Unit Behind Fleming Kee Men's Residence Hall.									
1. Is this your first visit to the Counseling Center? <input type="checkbox"/> Yes <input type="checkbox"/> No									
2. Do you have insurance that covers counseling services? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list your insurance company.)									
Are you currently taking medications? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list your medications.)									