

**TSU Student Counseling Center (SCC)  
Initial Consultation Form**

**Date:**

**TSU ID#:**

**First Name:**

**Middle:**

**Last:**

**Preferred Name:**

1. Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
2. Current Age: \_\_\_\_\_
3. Gender:  Male  Female  Transgender
4. Race/Ethnicity:  
 African-American / Black / African  
 American Indian or Alaskan Native  
 Arab American / Arab / Persian  
 Asian American / Asian  
 East Indian  
 European American / White / Caucasian  
 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  
 Gay  Questioning  
 Lesbian
8. Relationship Status:  
 Single  
 Serious dating or committed relationship  
 Married  
 Civil union, domestic partnership, or equivalent  
 Divorced  
 Separated  
 Widowed
9. Academic Status:  
 Freshman / First-year  
 Sophomore  
 Junior  
 Senior  
 Graduate / professional degree student  
 Non-student  
 Non-degree student  
 Other (please specify): \_\_\_\_\_
10. Major: \_\_\_\_\_
11. GPA: \_\_\_\_\_
12. Hours this semester: \_\_\_\_\_
13. Did you transfer from another campus/institution to Tarleton?  
 Yes (when / where?)  No
14. College:  
 Agriculture & Human Sciences  
 Business Administration  
 Education  
 Liberal & Fine Arts  
 Science & Technology  
 Graduate Studies  
 Other (please specify): \_\_\_\_\_
15. What kind of housing do you currently have?  
 On-campus residence hall/apartment  
 On/off campus fraternity/sorority house  
 On/off campus house  
 Off-campus apartment  
 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. Hours you work per week (paid employment only)?  
Where? \_\_\_\_\_
19. Religious or Spiritual preference:  
 Agnostic  Jewish  
 Atheist  Muslim  
 Buddhist  Pagan  
 Confucian  No preference  
 Christian  Other:  
 Hindu
- Please specify: \_\_\_\_\_
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. Do you have a diagnosed and documented disability?  
 Attention Deficit/Hyperactivity  
 Deaf or Hearing Impaired  
 Learning Disorders  
 Mobility Impairments  
 Neurological Disorders  
 Physical/health related Disorders  
 Psychological Disorder/Condition  
 Visual Impairments  
 Other (please specify): \_\_\_\_\_
22. Do you participate on an athletic team that competes with other colleges or universities?  
 Yes  No
23. Are you the first generation in your family to attend college?  
 Yes  No
24. How would you describe your financial situation right now?  
 Always stressful  
 Often stressful  
 Sometimes stressful  
 Rarely stressful

Never stressful

25. Have you ever been, or are you currently, enlisted in any branch of the US military (active duty, veteran, National Guard or reserves)?  
 Yes  No

26. Did your military experiences include any traumatic or highly stressful experiences which continue to bother you? (e.g., war, combat, injuries, death, natural disasters, foreign deployment, etc.)  
 Yes  No

27. Do you have health insurance?  
 Yes (please specify)  No  
University\_\_\_\_\_ Other\_\_\_\_\_

28. Who referred you to SCC?  
 Self  
 Friend  
 Parent or relative  
 Faculty or Advisor  
 Residence Life Staff  
 Student Health Center  
 Website  
 Judicial Affairs  
 Disability Services  
 Coach or trainer  
 Dept. of Rehab Services  
 Hospital or Emergency Room  
 Other:

29. Think back over the last two weeks. How many times have you had:  
**For males:** five or more drinks in a row?  
**For females:** four or more drinks in a row?  
 None  3 to 5 times  
 Once  6 to 9 times  
 Twice  10 or more times

30. Think back over the last two weeks. How many times have you used drugs?  
 None  
 Once  
 Twice  
 3 to 5 times  
 6 to 9 times  
 10 or more times

31. Please check any other drugs you have ever used:  
 Cocaine\Crack  PCP  
 Ecstasy  Heroin  
 LSD  Methamphetamine

Inhalants  
 Prescription drugs (non-medical use)  
 Marijuana  
 Other

Please indicate if/when you have had the following experiences:

check one per row ►

Never	Prior to college	After starting college	Both
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32. Attended counseling

33. Taken a prescribed medication for depression, anxiety, other

34. Been hospitalized for depression, anxiety, other

35. Received treatment for alcohol or drug use

36. Purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, hair pulling, etc.)

37. Seriously considered attempting suicide

38. Made a suicide attempt

39. Seriously considered injuring another person

40. Intentionally injured another person

41. Had unwanted sexual contact(s) or experience(s)

42. Initiated or coerced anyone into non-consensual sexual contact(s) or experience(s)

43. Experienced harassing, controlling and/or abusive behavior from another person (e.g., friend, family member, partner, date, or authority figure)

44. Harassed, been controlling, and/or abusive toward another person (e.g., friend, family member, partner, date, or authority figure)

45. Have you experienced, witnessed, or learned of a traumatic event that involved actual or threatened death or serious injury, or a threat to the physical integrity of yourself or others?

Yes  No

46. Please list any medications you are currently taking:

47. Briefly describe what brings you to the Student Counseling Center (SCC) – check all that may apply:

- Depression
- Anxiety
- Stress
- Academic Concerns
- Relationships
- Roommate Issues
- Family Concerns
- Sexual Assault or Abuse
- Concerns about disordered eating
- Physical/health related concerns
- Concerns about alcohol/addictions
- Loneliness/homesickness
- PTSD
- Legal/Financial Problems
- Sexual/Affectional Orientation

Other (please specify)

48. Do you currently have any physical health problems?

- Yes (please describe)    No

49. What is your Hometown? \_\_\_\_\_

50. Local Address: \_\_\_\_\_

51. Phone Number where we can reach you: \_\_\_\_\_

52. Please list your family members :

Relationship	Age	Education	Occupation	Lives in Stephenville?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

53. Who can you count on when you need help or support (friends, family, partner, church, etc.)?

\_\_\_\_\_