The UNIVERSITY of OKLAHOMA
Health Sciences Center
*Student Counseling Services*

# PERSONAL INFORMATION FORM

**TODAY'S DATE**: _____

**NAME**: _____

**DATE OF BIRTH**: _____ **OUHSC ID #:** _____

**SEX**: □ □ Male □ □ Female □ □ Transgender □ □ Prefer not to answer

**STREET ADDRESS:** _____ **APT #**:

**CITY** _____ **STATE:** _____ **ZIP:** _____

**MOBILE PHONE #:** _____ **MAY WE LEAVE A MESSAGE?** □ Yes □ No

**OTHER PHONE #:** _____ **MAY WE LEAVE A MESSAGE?** □ Yes □ No

**EMAIL ADDRESS:** _____ **MAY WE SEND EMAIL MESSAGES?** □ Yes □ No

(Please note that email is not a secure medium and therefore, the confidentiality of communications made in this manner cannot be guaranteed.)

**RELATIONSHIP STATUS:** □ □ Single □□ Serious Dating/Committed Relationship □ □ Married
□ □ Civil Union/Domestic Partnership/Equivalent □ □ Separated □□ Divorced □ □ Widowed

**COLLEGE:** □ □ Allied Health □ □ Dentistry □ Graduate □□ Nursing □□ Medicine □ □ Pharmacy □□ Public Health
□□ N/A (not a student – partner/spouse of student).

**PLEASE SPECIFY PROGRAM OF STUDY (PHYSICIAN'S ASSISTANT, DENTAL HYGIENE, OCCUPATIONAL THERAPY, ETC.):**

_____

**YEAR/CLASS:** □ □ 1st □□ 2nd □ □ 3rd □ □ 4th □ □ 5th □□ Other _____ Please specify □ N/A

**ETHNICITY/RACE (OPTIONAL)**: □ □ Arab American □ African American/Black □ □ Anglo American/White
□ □ Asian American/Pacific Islander □ East Indian American
□ □ Hispanic American/Latino □ □ Native American □ □ More than one ethnicity
□ □ Prefer not to answer □ □ Other (please specify): _____

**INTERNATIONAL STUDENT?** □ □ Yes □ □ No **IF YES, PLEASE SPECIFY COUNTRY OF ORIGIN:** _____

**RELIGIOUS/SPIRITUAL PREFERENCE :** □ □ Agnostic □ Atheist □ □ Baha'ism □ □ Buddhism □ □ Christianity
□ Confucianism □□ Hinduism □ Islam □ □ Jainism □Judaism □ Shintoism □ □ Sikhism □
□ No Preference □ Prefer not to answer □ □ Other (please specify): _____

**WHAT IS YOUR SEXUAL ORIENTATION:** □ □ Heterosexual □ □ Gay □ □ Lesbian □ □ Bisexual □
□ Questioning □ Prefer not to answer

OVER

**WHO REFERRED YOU TO STUDENT COUNSELING SERVICES (SCS):** □ □ Self □ □ Dean □ □ Professor/Advisor

□ □ Partner/Spouse □ □ Friend □ □ Physician □ □ Other Counselor □ □ Other (please specify) _____

**DOCUMENTED DISABILITY (CHECK ALL THAT APPLY):** □ □ None □ □ Attention Deficit Hyperactivity Disorder

□ □ Deaf or Hard of Hearing □ □ Learning Disorders □ □ Mobility Impairments □ □ Neurological Disorders

□ □ Physical/Health Related Disorders □ □ Psychological Disorder/Condition □ □ Visual Impairments

□ □ Other, Please specify: _____

**HOW DID YOU HEAR ABOUT STUDENT COUNSELING SERVICES? (PLEASE CHECK ALL THAT APPLY):**

□ □ OUHSC webpage □ □ Friend/Relative □ □ Professor/Advisor □□ Dean □ OUHSC staff member

□ □ Student Counseling Services (SCS) Presentation □ □ SCS Printed Materials (Pamphlets, etc.)

□ □ Other student who has utilized SCS □ □ Other: _____

**EMERGENCY CONTACT NAME:** _____

**EMERGENCY CONTACT PHONE NUMBER:** _____

**LIVING SITUATION (PLEASE CHECK ALL THAT APPLIES):** □ □ Alone □ □ Spouse/Partner/Significant Other □ □ Roommate(s)

□ □ Child(ren) □ □ Parent(s)/Guardian(s) □ □ Family Other □ □ Other (please specify)_____

_____

**ARE YOU CURRENTLY TAKING PRESCRIBED MEDICATION?** □ □ YES □ □ NO

**IF YES, PLEASE LIST MEDICATIONS AND DIAGNOSED CONDITION(S):** _____

_____

_____

**ARE YOU CURRENTLY IN COUNSELING**? □□ YES □□ NO

**IF YES, WHAT TYPE OF COUNSELING AND WITH WHOM**? _____

_____

**PREVIOUS COUNSELING AT STUDENT COUNSELING SERVICES?** □□ YES □□ NO

**HAVE YOU ATTENDED COUNSELING ELSEWHERE IN THE PAST?** □ □ YES □□ NO

**IF YES, PLEASE INDICATE WHEN AND WITH WHOM**: _____

_____

**FREQUENCY PER WEEK OF PHYSICAL ACTIVITY:** □ None □ □ Occasional participation (monthly)

□□ One regularly attended activity per week □□ Two regularly attended activities per week

□ □ Three or more regularly attended activities per week.

**TYPE OF PHYSICAL ACTIVITY(IES) :** _____

**EXTRA-CURRICULAR ACTIVITIES LEVEL (CLUBS, SOCIAL GROUPS, ETC.):** □ □ None □ □ Occasional participation (monthly)

□□ One regularly attended activity per week □□ Two regularly attended activities per week

□ □ Three or more regularly attended activities per week.

**TYPE OF SOCIAL ACTIVITY(IES) :** _____

Problem Checklist

**Please read over this list of possible concerns. Using the following scale, check the appropriate box of current concerns. If an item is not a concern for you, please leave it blank or mark 0.**

**0 No problem** **Slight Problem** **1** **2** **3** **4** **5** **Highly Significant Problem**

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. Academic/school work/grades | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 2. Adjustment Issues | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 3. Alcohol/drugs | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 4. Anxiety | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 5. Assertiveness | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 6. Breakup/loss of relationship | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 7. Concentration | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 8. Confusion about beliefs/values | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 9. Dating concerns | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 10. Death/impending death of significant other | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 11. Decisions about career | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 12. Depression | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 13. Developing independence from family | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 14. Ethnic/racial discrimination | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 15. Eating problems (bingeing/vomiting/dieting, using laxatives, etc.) | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 16. Eating problems (fasting/avoiding food) | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 17. Finances | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 18. Homesickness | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 19. Irritability, anger, hostility | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 20. Making friends | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 21. Perfectionism | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 22. Physical health problems (e.g. headaches.) | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 23. Problem pregnancy | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 24. Procrastination/getting motivated | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 25. Rape/sexual assault/unwanted sex | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 26. Reading study skills problems | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 27. Relationship with family/parents/siblings | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 28. Relationship with friends/roommates/peers | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 29. Relationship with romantic partner/spouse | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 30. Religious/spiritual concerns | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 31. Self-esteem/self confidence | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 32. Sexual concerns | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 33. Sexual identity/orientation issues | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 34. Sexual transmitted disease(s) | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 35. Shyness, being ill at ease with people | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 36. Sleeping problems | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 37. Stress management | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 38. Suicidal feelings/thoughts | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 39. Test/speech/performance anxiety | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 40. Time management | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 41. Uncertain about future/life after college | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 42. Weight problems/body image | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 43. Physical/Verbal/Emotional Abuse | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |

44. Other (please specify) _____