



FLORIDA STATE UNIVERSITY  
PANAMA CITY

Office of Student Affairs

# Counseling Center

## Intake Questionnaire

**Counseling is available for all FSU and Gulf Coast State College students enrolled for the current semester.**

Welcome. The initial interview is exploratory in nature. Our purpose is to understand your reasons for seeking counseling, as well as to decide how best to help you. Following the interview, if additional visits are agreed upon, you will be given an appointment to return. Please note that our counselors need to stay on schedule. Late arrivals will be rescheduled when necessary. Please sign the Consent Form on the back of the Issues Questionnaire (page four).

Student ID: _____	Today's Date: Mo _____	Day _____	Yr _____
Last Name: _____		First: _____	
Local Address: _____			
City: _____		State: _____	Zip: _____
Email: _____			
Phone Number: _____		DOB: _____	
Gender: _____	Age: _____	Class: Fr.	So. Jr. Sr. Grad Other
Emergency Contact: _____		Phone: _____	
Which campus are you enrolled at?	FSU	FSU PC	GCSC

Enrollment: You must be enrolled at FSU, FSU Panama City or Gulf Coast State College for the current semester to receive counseling.

Registered for \_\_\_\_\_ hours this term. Working for pay \_\_\_\_\_ hours/week.

Major: \_\_\_\_\_ Overall G.P.A.: \_\_\_\_\_

Had prior counseling elsewhere? No Yes When? \_\_\_\_\_

Where? \_\_\_\_\_

Referred to the Counseling Center? No Yes By whom? \_\_\_\_\_

How did you learn about our services? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please briefly describe the reasons you are seeking counseling and what you hope to gain from counseling:

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Have you experienced a difficult or stressful event which you believe is still affecting you?

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Do you have a regular physician?      No                      Yes

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Are you being treated by a psychiatrist?      No                      Yes

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Do you have medical insurance?      No              Yes              Do not know

Please list any serious medical conditions that you know you have or believe that you might have:

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Are you currently taking any medications?      No              Yes              Please list:

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Please describe your current use of alcohol, tobacco, and non-prescription drugs?(What, how often, how much):

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Please list family members by relationship who you believe had or have a serious emotional/mental problem or alcoholism/drug abuse: (e.g., mother's father: depression):

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Please list any hospitalizations you have had (dates and reasons):

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Please CHECK the extent to which you are CURRENTLY CONCERNED about EACH of the following issues. Please respond to EVERY item. Your responses may be used to help structure the initial interview.

EXTENT: 0 = none 1 = some 2 = much 3 = very much

	Extent					Extent			
	0	1	2	3		0	1	2	3
1. Career or life goals					24. Out of touch with my feelings				
2. Motivation					25. Confused about beliefs/values				
3. Academic difficulty					26. Difficulty making decisions				
4. Adjustment to the university					27. Dislike myself				
5. Test or speech anxiety					28. Self identity				
6. Study habits or time management					29. Physical appearance				
7. Romantic Relationship					30. Anxiety, Worrying				
8. Relationship with parents/family					31. Stress, Tension				
9. Relationship with roommates					32. Specific fears or phobias				
10. Feeling dependent on others					33. Unhappy much of the time				
11. Difficulty asserting myself					34. Depression				
12. Difficulty expressing my feelings					35. Feeling unworthy, inferior, or guilty				
13. Dating and/or social skills					36. Thoughts of harming myself				
14. Feeling isolated or lonely					37. Alcohol				
15. Fear of close relationships					38. Drugs				
16. Dealing with anger					39. Eating				
17. Thoughts of harming others					40. Weight				
18. Breakup of intimate relationship					41. Sleep				
19. Grief over a loss					42. Health				
20. Physical or sexual abuse					43. Physical disability				
21. Pregnancy (yours or hers)					44. Chronic physical symptoms				
22. Sex or sexuality					45. Financial difficulties				
23. Sexual orientation					46. Arrest or legal situation				
					47. Other				

Comments: \_\_\_\_\_

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# Counseling Center

## Informed Consent

Counseling is our attempt to help you but we cannot make any guarantee as to outcome. To discuss our services with the administration you may contact: Allison Moon, Associate Director of Student Affairs, (850) 770-2121 or email her at [amoon@fsu.edu](mailto:amoon@fsu.edu).

1. Our services are available to FSU and Gulf Coast State College students who are currently enrolled and whose needs match the services we offer.
2. During your intake session, decisions will be made about how to help you. Sometimes you could be served better elsewhere. If that is the case, an appropriate referral will be made.
3. Appointments are scheduled directly by your counselor. If you must cancel or change appointments, call your counselor or leave a message as soon as possible. Please be on time for appointments.
4. Your sessions and records are CONFIDENTIAL but there may be EXCEPTIONS. Release of information outside the Counseling Center requires your written permission with the following EXCEPTIONS:
  - A. When there is clear and present danger to you or to others--includes potential suicide or homicide, abuse of children, elderly, or disabled persons.
  - B. When a patient is a minor or an incapacitated adult, we may release information to a parent or guardian.
  - C. A court order is received which orders the release of information.
  - D. PLEASE NOTE that we are required by law to report all cases of current abuse. Past abuse must be reported when there is any possibility of current danger to any child, elderly or disabled person (e.g., a child lives with the abuser).
  - E. We may be required to disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials. By law we cannot reveal when we have disclosed such information to the government (e.g., Patriot Act).
5. If you authorize us in writing to release confidential information, we will follow the guidelines of our professional ethics codes and the mandates of applicable laws.
6. We ask you not to send us confidential information by electronic means.
7. If you are a student majoring in a professionally regulated area (i.e., medicine, nursing, law, etc.) or if your present or future work requires government security clearance (e.g., Dept. of Defense), please be advised that those regulatory boards may require you to authorize disclosure of your FSUPC Counseling Center records as part of their application processes.

You may ask your counselor for additional information. By signing this Informed Consent form, you are indicating that you have read it, agree to its terms, and voluntarily request services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print: \_\_\_\_\_