Oral Roberts University
Student Counseling Services
Intake Forms

Personal Information:

Date: _____

Print Full Name: _____

_____ _____ _____ _____

Address City State Zip

Date of Birth: _____ Age: _____ Gender: ☐ Male ☐ Female

Please fill out contact information below and indicate any means of communication by which you consent to allow ORU Student Counseling Services to contact you:

Phone: _____ ☐ Voicemail OK?
☐ Text OK?

E mail: _____ ☐ E-mail OK?

*While every effort is made to protect your information, absolute confidentiality cannot be guaranteed for electronic communication.

Ethnicity: Please further describe your racial, cultural, ethnic or regional identity.

- ☐ African American
- ☐ Asian American
- ☐ Caucasian
- ☐ Hispanic/Latino
- ☐ Native American
- ☐ Native Hawaiian/Pacific Islander
- ☐ Multi-racial
- ☐ Other _____

Are you an international student? ☐ Yes ☐ No Country of Origin? _____

Housing: ☐ On campus ☐ Off campus

Living with:

- ☐ Alone
- ☐ Spouse
- ☐ Roommate(s)
- ☐ Children (How Many? _____)
- ☐ Parents
- ☐ Other _____

Relationship Status:

- ☐ Single
- ☐ Dating/Serious Relationship
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Single Parent

Emergency Contact:

Name: _____ Relationship to you: _____

_____ _____ _____ _____

Address City State Zip

_____

Phone #

Employment Status: Please check all that apply.

Employment Status:
- ☐ Currently Employed
- ☐ Previously Employed
- ☐ Never Employed

Employment Experiences:
- ☐ Positive
- ☐ Negative
- ☐ Neutral

Place of current employment: _____

Job title: _____ # Hours worked per week: _____

Education Status:

- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior
- ☐ Graduate

- ☐ Full-time
- ☐ Part-time
- ☐ # Credit hours enrolled in this semester: _____

Major: _____ Current GPA: _____

Did you transfer to this school? ☐ Yes ☐ No If so, what year? _____

Disability Services:

Are you registered with the office for disability services on this campus as having a documented and diagnosed disability? ☐ Yes ☐ No

If "yes," please indicate each category of disability for which you are registered.

- ☐ Attention Deficit/Hyperactivity Disorders
- ☐ Hearing Impairment
- ☐ Learning Disorders
- ☐ Mobility Impairments
- ☐ Neurological Disorders
- ☐ Physical/Health related impairment
- ☐ Psychological Disorders
- ☐ Visual Impairments
- ☐ Other _____

Medical:

Do you currently have any medical problems? ☐ Yes ☐ No

If "yes" please identify: _____

Are you currently taking any type of medication? ☐ Yes ☐ No

- ☐ Prescription
- ☐ Over-the-counter
- ☐ Herbal/homeopathic
- ☐ Supplements

If "yes" please describe: _____

Have you ever been hospitalized for any reason? ☐ Yes ☐ No

If "yes" please describe: _____

Do you have any allergies (to foods, medications, etc)? ☐ Yes ☐ No

If "yes" please describe: _____

Family:

Are you the first generation in your family to attend college? ☐ Yes ☐ No

Parents' Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced

Has anyone in your immediate family ever suffered from psychological or emotional problems? ☐ Yes ☐ No

☐ Father
☐ Mother
☐ Siblings(s)
☐ Grandparent
☐ Other _____

What was the problem? _____

Financial:

How would you describe your financial situation right now?

☐ Always stressful
☐ Often stressful
☐ Sometimes stressful
☐ Rarely stressful

How would you describe you financial situation while growing up?

☐ Always stressful
☐ Often stressful
☐ Sometimes stressful
☐ Rarely stressful

Religious or Spiritual Preference:

☐ Agnostic
☐ Atheist
☐ Catholic
☐ Christian/Charismatic
☐ Christian/Evangelical
☐ Jewish
☐ No preference
☐ Other _____

To what extent does your religious or spiritual preference play an important role in your life?

☐ Very important
☐ Important
☐ Neutral
☐ Unimportant
☐ Very unimportant
☐ I'm not sure

Military:

Have you ever been enlisted in any branch of the military (active duty, veteran, National Guard, reserves)? ☐ Yes ☐ No

Did your military experience include any traumatic or highly stressful experiences which continue to bother you? ☐ Yes ☐ No

Alcohol Use:

Over the last **two weeks** how many times have you had: 5 or more drinks in a row (males) or 4 or more drinks in a row (females)?

(one drink=a bottle of beer, a glass of wine, a wine cooler, a shot, or a mixed drink)

☐ None
☐ Once
☐ Twice
☐ 3-5 times
☐ 6-9 times
☐ 10 or more times

Have you... (check all that apply)	**Never**	**Prior History**	**Current**
Attended counseling for mental health concerns?			
Taken prescribed medication for mental health concerns?			
Been hospitalized for mental health concerns?			
Felt the need to reduce your alcohol or drug use?			
Have others expressed concern about your alcohol or drug use?			
Received treatment for alcohol or drug use?			
Purposely injured your self without suicidal intent?			
Seriously considered attempting suicide?			
Made a suicide attempt?			
Considered injuring another person?			
Intentionally caused injury to another person?			
Had unwanted sexual contact(s) or experience(s)?			
Experienced harassing, controlling, and/or abusive behavior from another person (e.g. friend, family member, partner, or authority figure)?			
Experienced an event that caused you to feel intense fear, helplessness or horror?			

Please identify any significant events that have impacted your life:

- ☐ Childhood physical abuse
- ☐ Childhood sexual abuse
- ☐ Childhood emotional abuse
- ☐ Military combat or war zone experience
- ☐ Near drowning
- ☐ Physical attack (e.g. mugged, beaten up, threatened with a weapon, etc.)
- ☐ Sexual violence (rape, attempted rape, sexual assault, stalked, abuse by an intimate partner, etc.)
- ☐ Kidnapped or taken hostage
- ☐ Serious accident, fire, etc.
- ☐ Terrorist attack
- ☐ Animal attack
- ☐ Diagnosed with life threatening illness
- ☐ Natural disaster (flood, earthquake, hurricane, etc.)
- ☐ Imprisonment or torture
- ☐ Witnessed the serious injury or unnatural death of a person
- ☐ Learned that a close loved one has a life threatening illness
- ☐ Learned of the sudden, unexpected death of a close family member or friend
- ☐ Other _____

CHECK ☑ THOSE THAT ARE ***CURRENT*** PROBLEMS. UNDERLINE ANY THAT HAVE BEEN ***PAST*** PROBLEMS.

Emotional Concerns:
☐ Stress
☐ Anxiety
☐ Difficulty stopping or controlling worry
☐ Restlessness/Trouble relaxing
☐ Racing thoughts
☐ Irritability
☐ Anger
☐ Unhappiness
☐ Depression
☐ Hopelessness
☐ Lack of motivation
☐ Sense of failure
☐ Loss of interest in things you used to enjoy
☐ Guilt
☐ Shame
☐ Low self-esteem
☐ Loneliness/Isolation/Withdrawal
☐ Grief & Loss
☐ Body image concerns
☐ Unresolved trauma
☐ Disturbing/unwanted thoughts or memories
☐ Nightmares
☐ Flashbacks
☐ Fear
☐ Panic Attacks
☐ Feeling jumpy or easily startled
☐ Avoiding dealing with stressful experiences
☐ Trouble experiencing positive feelings
☐ Having strong negative beliefs about yourself or others

Relational Concerns:
☐ Difficulty forming/maintaining relationships
☐ Difficulty trusting or opening up to others
☐ Problems with communication
☐ Difficulty resolving conflicts
☐ Social anxiety
☐ Rejection
☐ Roommate conflict
☐ Authority conflict
☐ Dating problems
☐ Family conflict
☐ Marital Problems

Other Concerns:
☐ Spiritual concerns
☐ Legal Concerns

Physical Concerns:
☐ Headaches
☐ Difficulty concentrating
☐ Loss of memory
☐ Excessive sleep
☐ Insomnia
☐ Tiredness/Fatigue
☐ Tightness in chest
☐ Rapid/skipping heartbeat
☐ Shakiness
☐ Vomiting
☐ Change in appetite
☐ Restricted eating or overeating
☐ Significant weight changes
☐ Other physical health problems

Sexual Concerns:
☐ Sexual abuse
☐ Pornography
☐ Gender identity
☐ Homosexuality
☐ Other sexual concerns

Safety Concerns:
☐ Self-injury
☐ Suicidal thoughts
☐ Homicidal thoughts
☐ Physical Abuse
☐ Taking too many risks or doing things that could cause you harm

Substance Use/Addiction:
☐ Alcohol use
☐ Drug/Substance use
☐ Tobacco use
☐ Internet addiction
☐ Gambling addiction
☐ Sex addiction
☐ Concerned about loved one with addiction
☐ Other addiction(s)

Academic/Career Concerns:
☐ Difficulty adjusting to college
☐ Difficulty with career or major decision
☐ Procrastination
☐ Poor self-discipline
☐ Employment issues
☐ Other academic problems

Briefly describe your reason for seeking help:

_____

_____

_____

Please indicate how much you agree with each of these statements:

I get the emotional help and support I need from my family.

☐ strongly disagree ☐ somewhat disagree ☐ neutral ☐ somewhat agree ☐ strongly agree

I get the emotional help and support I need from my social network (e.g. friends, acquaintances).

☐ strongly disagree ☐ somewhat disagree ☐ neutral ☐ somewhat agree ☐ strongly agree

Please list a few of your strengths/abilities:

_____

_____

_____

How did you hear about Student Counseling Services?

☐ Friend
☐ Hall Director
☐ Faculty
☐ Dean
☐ Physician/Student Health
☐ Parents
☐ Website
☐ Other _____

Is there any additional information you think your counselor needs to know?

_____

_____

_____