



Student Health and Wellness
 Santa Barbara City College
 721 Cliff Drive, Santa Barbara, CA 93109
 (805) 965-0581 Ext. 2298 • Fax (805) 560-6572

K# _____

Age: _____ DOB: _____

Mental Health Intake Form

Name: _____ Preferred Name: _____

Gender Pronoun: He/Him/His She/Her/Hers They/Them/Theirs Other: _____

Address/City/Zip: _____

Phone # (): _____ Cell # () _____ E-mail: _____

May we phone you? Yes No Leave a message? Yes No May we email you? Yes No

Primary Language: English Spanish Bilingual Other: _____

Ethnicity: _____

Current Gender Identity: Man Woman Transgender (M to F or F to M) Genderqueer Other

Sexual Orientation: Heterosexual Gay/Lesbian Bisexual Decline to state other: _____

Emergency contact name: _____ Ph. # (): _____

Relationship: _____

Address/City/Zip: _____

CURRENT CONCERNS:

Please list the major issues or concerns that you would like to discuss and then, rate the severity of each one based on the following scale: 0---1---2---3---4---5---6---7---8---9---10 (1= low, 5=moderate, 10= severe)

| Concerns | Rating |
|----------|--------|
| 1. | |
| 2. | |
| 3. | |

What motivated you to come to counseling now, rather than sometime earlier, or later? Did someone refer you to our services?

What do you hope to get from coming to counseling?

How do you currently cope or try to cope with your main concerns?

SAFETY CONCERNS:

- 1. Are you having suicidal thoughts or thoughts of harming yourself? No Yes
- 2. Are you having thoughts of hurting someone else? No Yes
- 3. Have you had a history of suicide attempts or self-harm? No Yes If so, when? _____

ACADEMIC STATUS:

- 4. In the past month has your academic performance improved stayed the same gotten worse
- 5. Rate the relationship of your academic performance to the concerns that brought you in today. (1= not related 5= very related) _____
- 6. Due to the impact of your concerns, are you considering any of the following?
 Talking to instructors dropping a class withdrawing from the semester leaving college
Due to the impact of your concerns, are you considering any of the following?
- 7. How many units are you taking this semester? _____ Academic Goals: _____

ACADEMIC STATUS:

- 8. Current or chronic health problems: _____
- 9. Do you have a prior history of counseling, mental health treatment, hospitalization, or alcohol/mental health rehab? If yes, please describe.

- 10. Has anyone in your family had problems or been treated for:
 Depression Anxiety Learning Difficulties Alcohol/drug use other mental illness N/A
- 11. Are you currently receiving mental health counseling or therapy?

- 12. Are you currently taking psychiatric medication? If so, what type? _____
Prescribing Doctor: _____
- 13. How many hours a night are you sleeping? _____ Do you experience any of the following:
 Never feel well-rested Difficult falling asleep Often wakeful at night Waking up to early Other
- 14. Exercise habits: Usually exercise ____ days per week, type of exercise: _____
 Do not exercise regularly
- 15. Stress Level: Rate you stress level 1-5 (1 = no stress 5 = very high stress): _____
- 16. What do you do to reduce stress? _____
- 17. Eating Patterns: How many meals a day do you have? _____
- 18. Do you: Often skip meals Often eat fast food or prepared food Have a history of eating concerns/issues Have dietary restrictions if so, please describe: _____

SUBSTANCE USE:

- 19. Have you ever felt you should cut down on your use of alcohol or other drugs? Yes No
- 20. Have people annoyed you by criticizing your drinking or using? Yes NO
- 21. Have you ever felt bad or guilty about your drinking or using? Yes NO
- 22. Have you ever had a drink or used a substance first thing in the morning? Yes NO
- 23. Have you experienced blackouts or trouble remembering due to your drinking or using? Yes NO

GENERAL LIFE:

- 24. What are your strengths?

- 25. Are you currently utilizing other services on campus? (ie: EOPS, DSPS, Wellness connection, etc.)

26. Do you have a job, internship, or other responsibilities? What do you do and for how many hours weekly?

27. Rate your support system level 1-5 (1= strong support from family & friends 5= isolated and lonely): _____

28. Circle your "sense of life purpose" on this scale: **1 -2- 3- 4- 5** (1= emptiness/loss of meaning of life 5= strong sense of self purpose)

29. Who do you feel supported by? (ie. Friends, family, teachers, mentors, etc)

30. Relationship Status: _____



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AREAS OF CONCERN

Please check all that apply, NOW or in the PAST. Use an X for most pressing concerns:

General life:

- Self esteem
- Personal identity
Specify: _____
- Adjustment to college
- Financial problems
- Coping with stress
- Managing multiple responsibilities
- Sleep problems
- Spirituality/religion/values issues
- Bereavement, loss, or grief

Interpersonal Concerns:

- Making or keeping friends
- Shyness/anxiety in social situations
- Multicultural concerns
- Conflict resolution

Relationships:

- Relationship conflict
- Break up
- Improving relationship
- Relationship abuse/violence

Academic:

- Motivation
- Problems studying
- Learning differences
- Time Management
- Test taking problems
- Performance anxiety
- Missing classes
- Career planning and academic goals
- Conflict with SBCC faculty/staff/admin

Physical Health Issues:

- Coping with illness (self or other)
- Physical disability concerns

Discrimination/Harassment

or other concerns due to:

- Sexual harassment/stalking
- Taunting/bullying
- Race/Ethnicity
- Gender
- Sexual Orientation
- Disability

Eating:

- Overeating
- Binging/purging
- Undereating or restricting
- Weight
- Body image concerns

Mood/Feelings/Behavior:

- ADD, ADHD
- Anxiety, worries, panic
- Depression, sadness, apathy
- Feeling hopeless or worthless
- Mood swings
- Obsessive thoughts, and/or compulsive behaviors
- Irrational feelings, thoughts, behaviors
- Loss of interest in things
- Suicidal feelings/thoughts
- Suicide attempt(s)
- Irritability___ or Anger___
- Impulsive behavior
- Self-harm/cutting

Family:

- Parental conflict
- Divorce/separation
- Conflict with parent
- Family financial difficulty
- Family violence
- Sibling concerns
- Marital concerns (separation/divorce)
- Child concerns

Abuse/Violence:

- Emotional Abuse
- Sexual abuse
- Sexual assault___ rape___
- Physical abuse
- Threat/Assault

Sex/Gender:

- Sexual behavior
- Sexual responsiveness/performance
- Other

Abuse/Addiction Related

Concerns:

- Alcohol
- Marijuana
- Other substances
- DUI
- Gambling problem
- Recovery support
- Family alcoholism
- Computer/internet/gaming concerns

Legal Concerns:

- Victim of a crime
- Witness to a crime
- Other legal or criminal



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Information and Consent for Mental Health Counseling

Services Provided

SBCC offers free individual and group counseling services. Each student is allowed up to 6 sessions per semester they are enrolled. You must be a currently enrolled student and have paid the student health fee to be eligible for services.

Mental health counseling can have both risks and benefits. The counseling process may include discussions of your personal challenges and difficulties which can elicit uncomfortable feelings such as sadness, guilt, anger, and frustration. Counseling has also been shown to have many benefits. It can often lead to better interpersonal relationships, improved academic performances, solutions to specific problems and reduced distress. These benefits cannot be guaranteed for any particular person and depend greatly on your efforts.

Mental Health Policies

Your initial session is an intake session devoted to defining your concerns, developing a treatment plan, and determining whether our services fit your needs. If at any point it is determined that other services are more suitable, we will help you obtain assistance from appropriate off campus providers. Non-compliance with the plan we develop to assist you could result in the termination of services.

Please arrive on time for your appointments. Please attend your appointment free of alcohol or other non-prescribed drugs or you will be asked to reschedule. Missed appointments reduce our capacity to provide services to other students. If you are unable to keep your appointment please call to cancel or reschedule your appointment as soon as possible. Cancellations must be made before the day of your appointment or they will count as one of your six sessions.

No-Show Policy:

After the **first no-show** you must fill out an appeal form. After the **second no-show** you will not be able to make another appointment for the remainder of the semester. After the **third no-show** you will not be able to make an appointment for the remainder of the semester and the subsequent semester. Students who have two or more no-shows will be given community resources. **Use of**

Electronic Mail: Please be aware that email is not private or confidential. Additionally, we may not read it in a timely fashion. No counseling will be conducted via email.

My signature confirms that I agree to the above policies and limits of confidentiality. I have read an overview of the Notice of Privacy Practices (copy on clipboard) and understand I may request a copy.

Student's Signature: _____

Date: _____

Therapist's Signature: _____

Date: _____

Confidentiality

Information discussed in the therapy session and client records are held confidential in accordance with the American Psychological Association, The Board of Behavioral Sciences, state and federal laws, and the Health Insurance Portability and Accountability Act (HIPAA). As required by professional practice guidelines and current standards of care, we keep electronic medical records of your counseling. Neither the fact that you seek counseling nor any information disclosed in the counseling sessions will appear in your academic record unless you specifically direct us to communicate with other staff and faculty at the college. Information is not shared without written permission with the exception of the following conditions listed below. **Mental Health Counseling Staff have a legal responsibility to disclose patient information without prior consent when:**

- A client likely to harm themselves, or others unless protective measures are taken. If it appears that you are likely to harm yourself, other people, or are a danger to the college community, we reserve the right to communicate and share information about you to the extent necessary to protect safety with the appropriate college authorities, behavioral intervention team, and as appropriate, family, partner, other people, or agencies who can protect safety.
- There is a reasonable suspicion of the abuse of children, dependent adults, or the elderly.
- There is a valid court order for the disclosure of patient records
- The patient lacks capacity to care for themselves.
- Patients are under the age of 18, confidential information may be disclosed to parents or guardians

Fortunately, these situations are infrequent. Please consult with your counselor if you have any questions regarding confidentiality.

Student Health is a training site for Psychologists and Marriage and Family Therapists

The mental health counseling you receive may be from a state registered marriage and family therapist intern or Doctoral Intern. They are all supervised by Alyson Bostwick, licensed marriage and family therapist (LMFT30523) and Lacey Peters, licensed marriage and family therapist (LMFT77995). If you should have any questions or concerns about the service you receive you may speak with either person.