CAL MARITIME

COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS)
Student Health Services
200 Maritime Academy Drive | Vallejo, CA 94590
(707) 654-1170 | Fax (707) 654-1171
www.csum.edu/caps

INTAKE QUESTIONNAIRE FOR COUNSELING SERVICES

The information on this form is confidential and will not be released without your prior written consent or as required by law.

Name _____ _____ **Today's Date** _____ ____ _____
Last First Middle Preferred Name month day year

Local Address _____ _____ _____
Street City Zip

Hometown (City, State) _____

Age ____
Date of Birth _____
Month Day Year

Student Health Insurance (Y/N)? _____
Other insurance_____

GENERAL INFORMATION

Please check or fill in the appropriate answer(s); Check all that apply; All questions are optional

What is your current gender identity?
Male ____
Female ____
Transgender ____
Genderqueer ____
Self-Identify _____

What sex were you assigned at birth?
Male ____, Female ____
Decline to answer ____

Do you think of yourself as:
Gay, lesbian, or homosexual ____
Straight or heterosexual ____
Bisexual ____
Something else ____
Don't know ____

Race/Ethnicity*
African-American / Black ____
American Indian or Alaska Native ____
Asian / Asian American ____
Hispanic / Latino/a ____
Native Hawaiian or Other Pacific Islander ____
White / Caucasian ____
Decline to state ____
Other (please specify) _____

Relationship Status
Single ____
Partnered/in a relationship ____
Recent break-up ____
Married ____
Separated/Divorced ____
Widowed ____

Academic major _____
Credit hours this semester _____
Academic Status
First Year ____
Second Year ____
Third Year ____
Fourth Year ____
Fifth Year or beyond ____
Transfer student (Y/N)? _____

Residence
On Campus ____
Location _____
Off Campus ____

Military Service (circle)
Active/ Reserve or Guard/ Veteran

Briefly describe the concerns that led you to request an appointment at this time: _____
_____

Is this a Crisis (Y/N)? ____ **Referral** Who referred you to CAPS? _____
May we inform the referral of your attendance today (Y/N)? ____ (*Note: No information discussed in counseling will be shared*)

Urgency of Problem
Not Urgent ____
Somewhat Urgent ____
Urgent ____
Very Urgent ____

Mental Health History
Have you seriously considered attempting suicide in the past (Y/N)? ____
Have you made a suicide attempt in the past (Y/N)? ____
Have you purposefully injured yourself without suicidal intent (Y/N)? ____
In the last few days, have you had suicidal thoughts (Y/N)? ____
Have you seriously considered harming another person (Y/N)? ____
Do you CURRENTLY have thoughts of harming another person (Y/N)? ____
Do you generally use alcohol (Y/N)? ___ Do you consider your alcohol consumption a problem (Y/N)?___
How many drinks do you typically have when you drink? ____

Please turn over – Continued on other side

Please CHECK ITEMS THAT APPLY. Please also rank your top three presenting concerns (e.g., 1, 2, and 3):

__ Academic concerns
__ Addictions (including pornography)
__ ADHD/Learning problems
__ Adjustment to Cal Maritime
__ Adjustment to new situations
__ Alcohol* or drug concerns
__ Anger management
__ Anxiety, fear, nervousness
__ Career/job concerns
__ Compulsive behavior
__ Concentration difficulties
__ Concern with other's well being
__ Cultural/multicultural concerns
__ Cutting or self-injury
__ Depression*, sadness
__ Discrimination
__ Eating Concerns/body image
__ Emotional or psychological abuse*
__ Episodes of manic behavior
__ Faculty/advisor concerns
__ Family problems
__ Feeling doomed or helpless
__ Financial concerns*
__ Graduation preoccupations
__ Harassment
__ Identity/sense of self
__ Impulse control
__ Internet/video game concerns
__ Intimate relationship concerns
__ Interpersonal concerns
__ Legal concerns
__ Loneliness*
__ Loss, grief, death
__ Self-esteem
__ Medical or health concerns
__ Mood swings
__ Obsessive thoughts
__ Panic attacks
__ Paranoia
__ Phobias
__ Physical abuse or assault
__ Procrastination
__ Re-entry concerns
__ Relationship concerns
__ Sexual abuse or sexual assault*
__ Sexuality concerns
__ Sleep difficulties
__ Spiritual or religious concerns
__ Stress* or tension
__ Thinking about suicide
__ Thoughts racing through your mind
__ Trouble making decisions or getting things done
__ Other presenting concern (please specify below)
_____

How much do your concerns interfere with your: (use this scale: ***Low interference 1—2—3—4---5 Severe interference*****)**

Academic performance ____ Emotional well-being ____ Daily routine ____ Relationships/Activities ____

Due to the impact of your concerns on your Academic Performance, are you considering:

Withdrawing ____ Not enrolling next semester ____ Dropping out ____ Transferring ____ N/A ___

Previous Mental Health Services
(Check all that apply)
None ____
CAPS therapy/medication ____ Year? ____
Other campus counseling service ____
Hospitalization (psychiatric) ____ Year? ____
Private Therapist ____
Other _____

Service(s) Requested (select all that apply)
Individual ____
Couples ____
Group (please circle): women's support, positive masculinity, alcohol moderation, other
Alcohol/Drug Assessment ____
Other _____

FAMILY INFORMATION

Parents living (Y/N)? ____ | Spouse/Partner (Y/N)? ____ Name _____
Occupation(s) _____ | Age ____ Occupation _____

Parents' relationship status _____
Number of brothers ____ Ages _____
Number of sisters ____ Ages _____
Number of children ____ Ages _____

History of psychological problems in your immediate family (Y/N)? ____
If yes, please describe _____
History of physical problems in your immediate family (Y/N)? ____
If yes, please describe _____

PERSONAL HEALTH INFORMATION

General Health*
Excellent ____
Good ____
Fair ____
Poor ____

Do you have any health problems (Y/N)? ____ Experiencing Pain (Y/N)? ____
If yes, please describe _____
Are problems being treated (Y/N)? ____
If so, by whom? _____
Are you currently taking any medication (Y/N)? ____
If yes, what? For how long? And are they effective? _____
_____

Please cross out all the time periods when you are busy.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
0800 to 0900					
0900 to 1000					
1000 to 1100					
1100 to 1200					
1200 to 1300					
1300 to 1400					
1400 to 1500					
1500 to 1600					
1600 to 1700					
1700 to 1800					
1800 to 1900					
1900 to 2000					

Please turn over – Continued on other side