0AMERICAN UNIVERSITY OF ARMENIA

COUNSELING SERVICES

INTAKE FORM

i. **Student's First and Second name: _____ Date** (Month, day, year): _____

ii. **CONTACT INFORMATION (check all that apply):**

iii. Permanent Address: _____
(street) (city)

iv. Cell Phone #: _____ ☐OK to phone ☐OK to leave message

v. Home or other Phone #: _____ ☐OK to phone ☐ OK to leave message

vi. AUA E-mail address: _____ ☐OK to email regarding your appointment
(Please be aware that email might not be confidential)

vii. Emergency contact name: _____ Relationship to you:_____
Telephone: _____

DEMOGRAPHIC DATA:

viii. Date of Birth (Month, day, year): _____ Sex:_____

ix. Student Status: ☐Freshman ☐Sophomore ☐Junior ☐Senior ☐ Graduate

x. Program:

☐BA Business
☐BA English and Communication
☐BA in Politics and Governance
☐BS Computer Science
☐BS Data Science
☐BS Engineering Sciences
☐BS in Nursing
☐LL.M.
☐Master of PSIA
☐MA in Human Rights and Social Justice
☐MA TEFL
☐MS Economics
☐MBA
☐MS Management
☐ME IESM
☐MS CIS
☐MPH

xi. Did someone encourage you to come to counseling?

1. Self
2.Friend
3. Instructor
4. Advisor
5. Family member
6.Office of Student Affairs
7. Other (specify)_____

xii. **Have you received counseling before?** ☐ Yes ☐No

xiii. **Have you received counseling before <u>at AUA</u>?** ☐ Yes ☐ No

13 a. If yes, are you coming to counseling **for the same reasons as before?** ☐ Yes ☐ No

Please describe what is troubling you:

_____

_____

xiv. **Approximately how long has this been of concern?**

☐ Day ☐ Week ☐ Month ☐ Several Months ☐ Year ☐ Several Years ☐ Most of Life

xv. **Do you have past Medical or Previous Psychiatric history?**

_____

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xvi. Below is a list of problems people sometimes have. Read each one carefully **mark those that have distressed you over the <u>past week</u>, including today.**

1. Depressed	18. Feeling lonely	Please indicate **<u>the top three from</u>** the list
2. Emotional swings	19. Body image	1.
3. Lacking meaning in life	20. Panic attack	2.
4. Crying spells	21. Lack of energy	3.
5. Nightmares	22. Loss/grief/death	
6. Eating problems	23. Worried/anxious	
7. Sleeping problems	24. Can't make friends	
8. Low self-esteem	25. Anger	
9. Suicidal thoughts	26. Alcohol or drug concerns	
10. Physical health issues	27. Trouble concentrating	
11. Weight gain/loss	28. Faith concerns	
12. Sexual identity	29. Financial concerns	
13. Academic concerns	30. Legal concerns	
14. Bad home conditions	31. Exposed to psychological abuse	
15. Intimate relation concerns	32. Exposed to physical abuse	
16. Procrastination	33. Exposed to sexual abuse	
17. Conflict in the family	Other:	

ONLY FOR MALE STUDENTS

xvii. Have you completed your mandatory Military service? ☐ Yes ☐ No

xviii. Have you participated in any military conflict/war? ☐ Yes ☐ No