

## Counseling and Student Support Services

### Chemeketa Intake Form

First and Last name: \_\_\_\_\_ K#: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Age: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_ Phone #: \_\_\_\_\_

Ok to call? Yes No Ok to leave a voice mail? Yes No

Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

I have read and understand the [Personal & Career Counseling Informed Consent](#) document.

I consent to receive counseling services at Chemeketa. \_\_\_\_\_  
*Type your full name here as your signature.*

Are you employed? Yes No How many hours per week? \_\_\_\_\_

Do you have Health Insurance? Yes, Provider: \_\_\_\_\_ No

Have you done counseling before? Yes No

Are you currently in counseling? Yes No

### Academic Progress:

Total credits earned: 0-15 16-30 31-45 46-60 61-75 75-90 90+

Cumulative GPA: \_\_\_\_\_

### Racial/ Ethnic Background (Check All That Apply):

African American/Black

Hispanic/Latinx

Self-Identity

Asian/Asian American

White

Other \_\_\_\_\_

American Indian or Alaskan Native

Multi-racial

Choose not to answer

Native Hawaiian/Pacific Islander

Gender Identity: \_\_\_\_\_

Sexual Identity: \_\_\_\_\_

### Reason(s) for seeking counseling?

Were you referred to counseling? Yes No

If yes, who referred you: \_\_\_\_\_

**Current Stressors or Concerns:**

Please rate the intensity of your concerns using a 1-10 scale where 1=no concern and 10= extremely concerned

Career Decisions (Undecided)	1	2	3	4	5	6	7	8	9	10
Academic Performance	1	2	3	4	5	6	7	8	9	10
Family Concerns	1	2	3	4	5	6	7	8	9	10
Financial Concerns	1	2	3	4	5	6	7	8	9	10
Relationship issues	1	2	3	4	5	6	7	8	9	10
Anger Control	1	2	3	4	5	6	7	8	9	10
Grief Issues	1	2	3	4	5	6	7	8	9	10
Anxiety/Stress	1	2	3	4	5	6	7	8	9	10
Self Concept/Self-Esteem	1	2	3	4	5	6	7	8	9	10
Attention Difficulties	1	2	3	4	5	6	7	8	9	10
Depression/Feeling Sad	1	2	3	4	5	6	7	8	9	10
Time Management Skills	1	2	3	4	5	6	7	8	9	10
Physical Health	1	2	3	4	5	6	7	8	9	10
Motivation	1	2	3	4	5	6	7	8	9	10
Safety Concerns	1	2	3	4	5	6	7	8	9	10
Sleeping Concerns	1	2	3	4	5	6	7	8	9	10
Other _____	1	2	3	4	5	6	7	8	9	10

**What are your goals for counseling:**