

ALL INFORMATION IS CONFIDENTIAL

After completing this form, please print this form and bring it to your first appointment. Thank you.
National Taipei University of Nursing and Health Science Student Counseling Center

IDENTIFICATION INFORMATION

Date: _____

Welcome to Student Counseling Center. Please complete this form which provides the necessary demographic information for making appointments and maintaining accurate records.

Name: _____ Gender: _____
Student ID#: _____ Date of Birth: _____

Emergency Contact Information

Name: _____ Relationship to you: _____

Phone: _____

1. **Signature:** _____ Phone: _____ (h)
2. **Local Address:** _____ (cell)
_____ Email: _____

Permanent Address: _____ Phone: _____

3. **NTUNHS Affiliation:** Dept./Graduate School: _____ Year _____

4. **Family Data:**

Father: age: _____ education: _____ occupation: _____ health: _____

Mother: age: _____ education: _____ occupation: _____ health: _____

Siblings (gender & ages): _____

Partner: age: _____ education: _____ occupation: _____ health: _____

Children: (gender & ages): _____

Please indicate if a family member has any of the following:

Depression Suicidality Anxiety OCD Heart Disease Diabetes
 Schizophrenia Thyroid Disease Substance Abuse

5. **Relationships/Support :**

Do you have any medical problems? If so, what? _____

Who are the important people in your life? _____

6. Below is a list of common symptoms for which people seek relief. Please rate only those which apply to you:

Symptoms	None	Mild	Moderate	Severe
Depressed Mood				
Anxiety				
Sleep Problems				
Obsessive Thinking				
Concentration Difficulties				
Low Self Esteem				
Suicidal Thoughts				
Eating Concerns				
Substance Abuse				

7. More information about you:

a. Have you had prior counseling experience? (Names and Dates) _____

b. Please list any prescribed medications you are taking.

c. Do you drink? Yes___ No___ If yes, how much and how often? _____ Do you use any drugs not prescribed by a doctor? Yes___ No___ If yes, what are they?

Thank you for completing this form. Please give this form to the staff at the time of your appointment. If you have any comments or suggestions about this form, please write them in the space below.