



INITIAL INTAKE APPLICATION FOR PSYCHOLOGICAL SERVICES

(This information is **confidential** and will be seen only by Psychological Services Staff.)

DATE: _____

Name: _____

Student ID# _____

Preferred Pronoun: _____

Address: _____

Street City State Zip Code
Home#: _____ Cell#: _____ Work#: _____ (Circle Best # to reach you)

AGE: _____ D.O.B: ____/____/____ GENDER: _____ Are you an ARC student Y / N

May we identify ourselves and the purpose of our call? Y / N

May we contact you via email for **appointment information** only? Y / N

Email address: _____

Email is not a secure form of communication, therefore confidentiality cannot be assured.

RELATIONSHIP STATUS: Single Partnered Married Separated Divorced Widowed

Reason for seeking counseling? _____

If available, would you prefer a male or female counselor? _____ Group or Individual Therapy? _____

ARE YOU IN CRISIS? Y / N

Are you in any immediate danger to yourself or others? Y / N

Are you thinking of suicide? Y / N

Previous MPC counseling experience? Y / N. If yes, when & with whom? _____

Are you currently working with a mental health provider? (MD, Psychiatrist, Psychologist, Therapist)? Y / N

Name of mental health provider or medical group: _____

AVAILABILITY (PSY Office Hours M-F 8:00am- 5:00pm)

Monday Tuesday Wednesday Thursday Friday
AM/PM _____

I acknowledge that I have been offered and/or received a copy of the Notice of Privacy Practices (HIPAA).

Signature _____ Date: _____

Office Use only:

Clinician: _____ Dates called: 1) _____ 2) _____ 3) _____ Sched Appt: _____ DNO: _____

Brief description of call(s) _____

Referral(s): _____

PLEASE SEE BACK PAGE

24-HOUR CANCELLATION POLICY

Please notify your Therapist/Counselor OR Student Health Services at (831-646-4017) 24 HOURS in advance if you need to cancel your scheduled appointment. MPC Therapists/Counselors see students based on appointments. If you do not show up for your appointment without notifying either the Therapist/Counselor or Student Health Services, your request for psychological services will be placed on the waitlist. If you have any questions regarding this policy, please inquire with the Therapist/Counselor or Student Health Services. Thank you for your cooperation.

Signature

Date