OXNARD COLLEGE STUDENT HEALTH CENTER

CONFIDENTIAL INFORMATION FORM

Welcome to Oxnard College student Health and Psychological Services (SHPS) Please complete the following form for your counselor. If you are uncomfortable answering a question, you may skip it. The information will be kept confidential in accordance with SHPS Policy.

Today's date:	STUDENT ID NUMBER:

CLIENT INFORMATION

Last name:	First:	Middle:	❑ Mr. ❑ Mrs.	❑ Miss ❑ Ms.	Marital status (circle one)

Enrolled Student? ❑ Yes ❑ No	Number of Units Enrolled In?	Ethnicity	Birth date: / /	Age:	Sex: ❑ M ❑ F

Street address:	Cell:	Home phone no.:

P.O. box:	City:	State:	ZIP Code:

Occupation:	Employer:	Length of time employed

Medical Insurance ❑ Yes ❑ No	Career Goal(s) MAJOR	Hours worked per week

Briefly describe the concerns that led you to seek counseling today:	

CLIENT INFORMATION

How would you describe your living situation? PEACEFUL CHAOTIC HAPPY UNHAPPY OTHER _____

Hobbies:	With whom do you live? List ages and relationship	How did you hear about us?

Is this your first time seeing a mental health counselor?	❑ YES	❑ NO	When and where were you last seen?	Academic Counselor?

EOPS OR CAL WORKS/ CARE STUDENT?	EAC REGISTERED STUDENT?	WHAT CLASSES ARE YOU TAKING THIS SEMESTER?	ARE YOU EXPERIENCING ACADEMIC DIFFICULTIES?

Please indicate areas of concern:	❑ Depression/ Mood	❑ Stress/ Anxiety	❑ Physical Health/ Medical	❑ Irritability/ Anger	❑ Relationships/ Marriage

❑ Family	❑ School	❑ Employment/ Finances	❑ Sleeping/ Eating	❑ Other _____

Areas you would like to improve upon or gain new knowledge about	❑ Depression Reduction	❑ Stress Management/ Anxiety	❑ Study Skills/ Time Management	❑ Anger Management	❑ Parenting
❑ Addiction	❑ School Support	❑Relationship Support	❑ Community Resources/ Referral	❑ Communication	❑ Other

Are you currently taking Medication:	❑ Yes	❑ No	Which ones?	

Prescribing Psychiatrist/ Physician?	Have you ever been hospitalized for mental health reasons?	Have you ever been in counseling before?	
Do you have any legal issues or concerns?	Alcohol or drug use?	Frequency?	