CMHS Confidential Student Information Form

Date: ____________**Tufts ID#:** _____________________ **Health Insurance Information:** ____________________

Error! Hyperlink reference not valid.Name: ____ **Date of Birth:** __________________ **Age:** ____________

Local address: ____

Phone: _____________________ **Email:** ____________@_______________**Best way to reach you:**____________

Permanent Address/Phone: ____

Emergency contact information: (*Name, Relationship, Address & Phone*)

____

Month and year you entered Tufts: ____________________ **Current Class Year:** __________________________

Major/Area of Study: ____

Gender Identification: ___________________ **Current Relationship/Marital Status:** _______________________

How do you usually describe your race and/or ethnicity?

1. White or Caucasian, non-Hispanic, Non-Arab
2. African American/Black, non-Hispanic
3. Hispanic/ Latino
4. American Indian/Alaskan Native
5. Arab/Middle Eastern or Arab American
6. Asian/Asian-American
7. Pacific Islander
8. Other (Specify) __________________
9. Non applicable-I would prefer not to identify my race/ethnicity

How do you usually describe your sexual orientation?

1. Same sex attraction
2. Opposite sex attraction
3. Both same and opposite sex attraction
4. Unsure
5. Other (Specify) __________________
6. Non applicable-I would prefer not to identify my race/ethnicity

Are you an international student? No / Yes **If yes, what is your country of origin?** ____________________

Please list parents, siblings, and other significant family members below:

Family relationship:	Age:	Occupation:	Education:

If there are any other significant people in your life (e.g., friends, partners, mentors, etc.), **please list them here:**

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Are you currently or have you ever been to counseling or had mental health treatment before?

No Yes (If Yes, Please Describe)

____

____

More questions on opposite side →

Have you or any family member had a history of medical, mental health, or substance abuse issues?
No Yes (If Yes, Please Describe)

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List any medications including dosages, purpose, prescriber and how long you have been taking them:

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____

Are you currently experiencing any of the following? (Please check all that apply)

☐ Stress	☐ Irritable	☐ Racing thoughts	☐ Anxious	☐ Hopeful
☐ Success	☐ Worthless	☐ Appetite Changes	☐ Nightmares	☐ Happy
☐ Adjustment/Transition	☐ Mood swings	☐ Feeling helpless	☐ Worthwhile	☐ Wanting to hurt others
☐ Relationship issues	☐ Guilty	☐ Unmotivated	☐ Abuse Issues	☐ Being good to yourself
☐ Family concerns	☐ Low self-esteem	☐ Acting Impulsive	☐ Lonely	☐ Feeling connected
☐ Homesick	☐ Isolated	☐ Sleep Changes (more/less)	☐ Self harm (cutting, scratching, burning)	☐ Feeling loved
☐ Skipping class	☐ Numbness	☐ Shopping sprees	☐ Purging	☐ Physically active
☐ Grief/Loss	☐ Poor concentration	☐ Too much time online	☐ Eating concerns	☐ Relaxed
☐ Identity issues	☐ Crying easily	☐ Binge drinking	☐ Trauma	☐ Questions about sexuality
☐ Confused	☐ Procrastination	☐ Using drugs	☐ Angry	☐ Cultural adjustment
☐ Worried about future	☐ Academic difficulties	☐ Chronic health issues	☐ Unpleasant thoughts that won't go away	☐ Concerns about sexual behavior/health
☐ Conflicts with friends	☐ Being reckless	☐ Suicidal	☐ Harassment	☐ Paranoid
☐ Being threatened	☐ Body image concerns	☐ Excessive use of medicine	☐Other:____________________	

Please briefly describe what is happening in your life that prompted this appointment:

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Please briefly list any recent major changes in your life:

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What are you hoping to accomplish in therapy at this time?

____

____

Is there anything else that we did not ask that you feel we should know about you?

____

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INFORMATION PROVIDED TO COUNSELORS IS CONFIDENTIAL WITHIN THE LIMITS OF OUR INFORMED CONSENT AGREEMENT. PLEASE REVIEW ACCOMPANYING CONFIDENTIALITY POLICY.