Office use: ☐ PC ☐ AH ☐ ROIQuarter/yr: _____ Counselor: _____

SEATTLE CENTRAL COLLEGE
Central to the Community for 50 Years

COUNSELING

Counseling Center - Intake Form

Answering all questions on this form is optional. Please answer the questions to the best of your ability.
Your information will be kept confidential.

Today's date: _____ SCC Student ID#:_____

Personal Information

Last Name: _____ First Name: _____ Preferred Name:_____

Address: _____ City: _____State: _____ Zip: _____

Date of Birth: _____ Email: _____

Phone: (_____) _____-_____ Preferred contact: ϒ Phone ϒ Email

Permission to leave message? ϒ Yes ϒNo If yes, where? ϒ Phone ϒ Email ϒ Both

Pronouns: ☐ He/Him/His/Himself ☐ She/Her/Hers/Herself ☐ They/Them/Theirs/Themself
☐ Other _____ ☐ Prefer not to answer

Relationship status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
☐ Partnered/In Relationship ☐ Other_____ ☐ Prefer not to answer

Student Status

☐ Current SCC Student ☐Potential SCC Student ☐Probationary Student

How many quarters have you completed at SCC? _____ **How many credits?** _____

What degree and program are you seeking at SCC? _____

What is the racial/ethnic group with which you most identify (Please mark all that apply)

☐ American Indian or Alaskan Native
Tribal Affiliation_____
☐ Black or African-American
☐ Asian/ Asian-American
☐ Hispanic or Latino
☐ Native Hawaiian or Pacific Islander
☐ Caucasian/ White
☐ Multi-racial/ethnic (more than one race/ethnicity)
☐ Other: _____

Do you need an ASL Interpreter? ☐ Yes ☐ No **What languages do you know/use?:** _____

Are you a veteran? ☐ Yes ☐ No

Do you receive services from or participate in any of the following departments or programs? (Please mark all that apply).

☐ Running Start
☐ GED/ High School Completion/ ABE
☐ Workforce Education
☐ TRiO
☐ Student Programs/ Clubs
☐ International Student Programs
☐ Multicultural Services (MCS)
☐ Disability Support Services (DSS)
☐ Other: _____

What is your primary reason for visiting a counselor today? ☐ Academic ☐ Career ☐ Personal

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Personal Counseling

Have you visited a counselor at SCC before? ☐ Yes ☐ No **If "yes," please list who: _____**

Have you seen or are currently seeing a counselor or mental health professional outside of SCC? ☐ Yes ☐ No

If "yes," provider's name: _____

Are you currently taking any medications and/or supplements? ☐ Yes ☐ No

If "yes," please list: _____

Do you practice self-care? ☐ Yes ☐ No

If "yes," what does self-care look like for you?: _____

Do you have insurance? ☐ Yes ☐ No

If "yes," who is your insurance carrier? _____

Are you looking for other resources/referral to other services?

☐ Medical ☐ Addiction, Substance Abuse, Recovery ☐ Abuse, Violence, Threat, Sexual Assault
☐ Mental Health ☐ Emergency Assistance
☐ Housing ☐ Financial Assistance ☐ Other:
_____

How did you find out about Seattle Central College's Counseling Center?

☐ Friend/ Classmate ☐ Self-Referral ☐ SCC Department: _____
☐ Family ☐ SCC Faculty
☐ Website/Internet ☐ Brochure/ Flyer ☐ Other: _____

Emergency Contact Information

Who may we contact in case of an emergency?

Name: _____ Relationship: _____

Phone Number: (_____) _____-_____

Name: _____ Relationship: _____

Phone Number: (_____) _____-_____

The information I have provided above is accurate and correct to the best of my knowledge.

Student Signature:_____

Student's name printed: _____

Date: _____