



(O&P) Referred to Counseling Service by:

- |                                     |  |
|-------------------------------------|--|
| (1) _____ LC Catalog                | (10) _____ Advisor                                       |
| (2) _____ Faculty member            | (11) _____ Family  |
| (3) _____ Student Financial Service | (12) _____ Self  |
| (4) _____ LC web page               | (13) _____ Melissa Osmond in Health Promotion & Wellness |
| (5) _____ Dean of Students          | (14) _____ Student Support Services                      |
| (6) _____ Campus Living Staff       | (15) _____ Career & Community Engagement                 |
| (7) _____ Student Health Service    | (16) _____ Pioneer Wellness Card                         |
| (8) _____ Class presentation        | (17) _____ Other Specify: _____                          |
| (9) _____ Friend                    |  |

(Q) Current Major: _____	(R) Advisor's name: _____
(S) Did you transfer to LC? (1) Yes _____ (2) No _____	
When? _____	From where? _____
(T) GPA last term: _____	(U) Cumulative GPA: _____
(V) For how many hours are you currently enrolled? _____	

(W) Do you have (or suspect you have) a disability (e.g., physical, sensory, learning, ADHD, etc.) that you'd like us to know about? (1) Yes \_\_\_\_\_ (2) No \_\_\_\_\_  
 If yes, please describe: \_\_\_\_\_

(X) Are you employed? (1) Yes \_\_\_\_\_ (2) No \_\_\_\_\_  
 (Y) If yes, about how many hours per week do you work? \_\_\_\_\_

**Family Data**

Person	Age	Occupation	Education	Marital Status	If deceased, how long?
Father					
Mother					
Step-parent(s)					
Brothers					
Sisters					
Spouse					
Children					

(AB) In my family, there is a history of: (mark all that apply)

- |   |                        |                         |
|---|------------------------|-------------------------|
| _____ Alcoholism                          | _____ Eating disorders | _____ Suicide attempts  |
| _____ Abuse of other drugs                | _____ Emotional abuse  | _____ Completed suicide |
| _____ Depression                          | _____ Physical abuse   | _____ Schizophrenia     |
| _____ Bipolar (Manic-Depressive) disorder | _____ Sexual abuse     |                         |

(AC) Are you presently receiving counseling from some other person or agency? (1) Yes \_\_\_\_ (2) No \_\_\_\_  
If so, where? \_\_\_\_\_

(AD) Have you ever had previous counseling? (1) Yes \_\_\_\_ (2) No \_\_\_\_  
If so, where? \_\_\_\_\_  
Begin and end dates: \_\_\_\_\_

(AE) Are you currently taking any prescription medication? (1) Yes \_\_\_\_ (2) No \_\_\_\_  
If so, what kind? \_\_\_\_\_  
Who prescribed it for you? \_\_\_\_\_  
What condition is this medication for? \_\_\_\_\_

Please list current medical conditions: \_\_\_\_\_

(AF) Have you ever been prescribed medication for any sort of emotional or behavioral difficulty?  
(1) Yes \_\_\_\_ (2) No \_\_\_\_

(AG) Have you ever been hospitalized for emotional or psychiatric reasons? (1) Yes \_\_\_\_ (2) No \_\_\_\_

(AH) Have you tried harming yourself in the past? (1) Yes \_\_\_\_ (2) No \_\_\_\_

(AI) Have you physically harmed others in the past? (1) Yes \_\_\_\_ (2) No \_\_\_\_

(AJ) How often do you have a drink containing alcohol?  
(One standard drink is equivalent to 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.)

\_\_\_\_ Never  
\_\_\_\_ Monthly or less  
\_\_\_\_ 2-4 times per month  
\_\_\_\_ 2-3 times per week  
\_\_\_\_ 4 or more times per week

(AK) How many drinks containing alcohol do you have on a typical day when you are drinking?

\_\_\_\_ None  
\_\_\_\_ One or two  
\_\_\_\_ Three or four  
\_\_\_\_ Five or six  
\_\_\_\_ Seven to nine  
\_\_\_\_ Ten or more

(AL) Please indicate which of the following have resulted from your use of alcohol/drugs in the last year:

\_\_\_\_ Injury to yourself  
\_\_\_\_ DUI/DWI violation  
\_\_\_\_ College disciplinary action  
\_\_\_\_ Academic problems (e.g., missing class, problems studying)  
\_\_\_\_ Injury to someone else  
\_\_\_\_ Blackouts  
\_\_\_\_ Arguments or conflicts with a friend  
\_\_\_\_ Other legal problem

(AM) How much coffee do you drink on an average day? \_\_\_\_\_ How many caffeinated energy drinks? \_\_\_\_\_  
What other caffeine do you ingest on a regular basis? \_\_\_\_\_

Based on an average month, please indicate your frequency of use:

	<i>Daily</i>	<i>Weekly</i>	<i>Monthly</i>	<i>Rarely</i>	<i>Never</i>
Marijuana (pot, hash, hash oil)					
Cocaine (crack, rock, freebase)					
Amphetamines (diet pills, speed, meth, crank)					
Nicotine (cigarettes/cigars, smokeless tobacco, etc.)					
Over-the-counter medication (non-prescription)					
Other psychoactive drugs (non-prescription)					

# Student Concerns Rating Scale

# Lewis & Clark Counseling Service

The following items represent some common concerns of college students. How much has each problem been distressing or bothering you? (Circle your answer for each item.)

0= Not at all      1= A little bit      2= Moderately      3=Quite a bit      4= Extremely

1.	<u>Problems being successful academically</u>	0	1	2	3	4
2.	<u>Concern about staying in school</u>	0	1	2	3	4
3.	<u>Feeling lonely, isolated, or not having close friends</u>	0	1	2	3	4
4.	<u>Difficulty getting along with others</u>	0	1	2	3	4
5.	<u>Problems with parenting your children</u>	0	1	2	3	4
6.	<u>Problems with a romantic, dating or sexual relationship</u>	0	1	2	3	4
7.	<u>Family problems</u>	0	1	2	3	4
8.	<u>Financial problems</u>	0	1	2	3	4
9.	<u>Eating, appetite or weight issues</u>	0	1	2	3	4
10.	<u>Concerns about your physical appearance</u>	0	1	2	3	4
11.	<u>Problems paying attention or concentrating</u>	0	1	2	3	4
12.	<u>Feeling anxious, nervous, fearful, worried or panic</u>	0	1	2	3	4
13.	<u>Self-esteem</u>	0	1	2	3	4
14.	<u>Mood swings (highs and lows)</u>	0	1	2	3	4
15.	<u>Feeling sad, depressed, discouraged or hopeless</u>	0	1	2	3	4
16.	<u>Being self-critical or feeling guilty</u>	0	1	2	3	4
17.	<u>Trouble sleeping or sleeping too much</u>	0	1	2	3	4
18.	<u>Self-injurious behavior (e.g., cutting, burning, bruising)</u>	0	1	2	3	4
19.	<u>Thoughts of suicide</u>	0	1	2	3	4
20.	<u>Intentions of suicide</u>	0	1	2	3	4
21.	<u>Feeling irritable or angry</u>	0	1	2	3	4
22.	<u>Thoughts of wanting to hurt someone else</u>	0	1	2	3	4
23.	<u>Hearing voices or seeing things that others don't see</u>	0	1	2	3	4
24.	<u>Internet use or computer gaming</u>	0	1	2	3	4
25.	<u>Use of alcohol, marijuana or other drugs</u>	0	1	2	3	4
26.	<u>Other addiction (e.g., gambling, nicotine, pornography, sex, etc.)</u>	0	1	2	3	4
27.	<u>Physical health problems</u>	0	1	2	3	4
28.	<u>Difficulties with a disability</u>	0	1	2	3	4
29.	<u>Experiencing prejudice, racism, or discrimination</u>	0	1	2	3	4
30.	<u>Concerns about your major or career choice</u>	0	1	2	3	4
31.	<u>Concerns associated with a sexually transmitted disease</u>	0	1	2	3	4
32.	<u>Problems with your living situation</u>	0	1	2	3	4
33.	<u>Being a victim of unwanted sexual activity, sexual abuse or rape</u>	0	1	2	3	4
34.	<u>Being a victim of violence</u>	0	1	2	3	4
35.	<u>Dealing with a loss from death, separation, divorce or moving</u>	0	1	2	3	4
36.	<u>Adjusting to a new culture</u>	0	1	2	3	4
37.	<u>Issues related to pregnancy</u>	0	1	2	3	4
38.	<u>Concerns about your sexuality</u>	0	1	2	3	4
39.	<u>Other (specify): _____</u>	0	1	2	3	4

**The information you have provided will help your counselor understand your needs more quickly. Thanks!**