



**OWENS**  
COMMUNITY COLLEGE

# Student Information Form

## Student Mental Health Services

TOLEDO-AREA CAMPUS  
P.O. Box 10,000 • Toledo, Ohio 43699-1947  
(567) 661-2107

[www.owens.edu](http://www.owens.edu)

The following information will help us to serve you better. As with all information you share with Student Mental Health Services, this information is treated with confidentiality. Please print.

Date: (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ OCID #: \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Preferred name: \_\_\_\_\_ Gender:  Male  Female  Transgender

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ OK to Call?  Yes  No

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ OK to Call?  Yes  No

Email: \_\_\_\_\_

(Please note email is not considered a confidential form of communication.)

May we contact you for scheduling:  Yes  No

LOCAL ADDRESS (include apartment number or lot number if applicable):

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

MAILING ADDRESS (if different):

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

EMERGENCY CONTACT:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

LIVING INFORMATION

Living Arrangements:  Alone  Roommate(s)  Significant Other  Parents  Children  Other

Relationship Status:  Single  Married  Partnered  Divorced/Separated  Widowed  Other

RACE/ETHNICITY (optional)

- African American  Asian American  Caucasian
- Native American  Latino(a)  Multi-ethnic/racial
- Other \_\_\_\_\_

ACADEMIC INFORMATION:

Major \_\_\_\_\_  Full-time  Part-time

Involvement with student organizations:  Yes  No If yes, please specify: \_\_\_\_\_

**EMPLOYMENT**

Are you employed?  Yes  No

If yes:  Full-time  Part-time

**REFERRAL**

How were you referred to Student Mental Health Services?

- Self    Friend    Faculty/Staff    Family
- Advisor    Website    Other \_\_\_\_\_

**PREVIOUS SERVICES**

Have you had previous counseling?  Yes  No

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

**INSURANCE**

Do you have health insurance that covers mental health treatment?  Yes  No  
(Insurance is not needed to receive services through Student Mental Health Services at Owens)

**RELIGIOUS/SPIRITUAL PREFERENCE**

- Agnostic    Atheist    Buddhist    Catholic    Christian    Hindu    Jewish    Muslim
- No preference    Other \_\_\_\_\_

To what extent does your religious or spiritual preference play an important role in your life?

- Very Important    Important    Neutral    Unimportant    Very Unimportant

**DISABILITY**

Are you registered with the Office of Disability Services at Owens Community College, as having a documented and diagnosed disability?  Yes  No

If yes, please indicate which category of disability you are registered for (check all that apply):

- Deaf or hard of hearing    Learning Disorders    Attention Deficit/Hyperactivity Disorders
- Mobility Impairments    Neurological Disorders    Physical/Health Related Disorders
- Visual Impairments    Psychological Disorders    Other \_\_\_\_\_

**SEXUAL ORIENTATION**

- Heterosexual    Lesbian    Gay    Bisexual    Questioning    Transgender    Prefer not to answer

**HEALTH**

Are you currently (or within the past year) under the care of a medical doctor?  Yes  No

If yes, for what condition? \_\_\_\_\_

Do you have any other significant medical conditions?  Yes  No

Have you been hospitalized for mental health concerns?  Yes  No

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Are you taking any medications regularly?  Yes  No

If yes, please list medications: \_\_\_\_\_

Are you presently receiving counseling or psychiatric services from some person or agency other than this service?

- Yes  No

If yes, where? \_\_\_\_\_ Name of provider: \_\_\_\_\_

**ALCOHOL AND DRUG USE**

Have you received treatment for alcohol or drug use?  Yes  No

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Over the last two weeks, how many times have you had: Five or more drinks in a row (for males) OR four or more drinks in a row (for females)? (A drink is a bottle of beer, glass of wine, wine cooler, a mixed drink, or a shot glass of liquor)

- None  Once  Twice  3 to 5 times  6 to 9 times  10 or more times

Over the last two weeks, how many times have you smoked marijuana?

- None  Once  Twice  3 to 5 times  6 to 9 times  10 or more times

Please check any other drugs you have ever used:

- None  Cocaine/Crack  Ecstasy  LSD  PCP  Heroin
- Methamphetamine  Inhalants  Prescription drugs  Other \_\_\_\_\_

**MILITARY**

Are you currently in the military?  Yes  No Are you a veteran?  Yes  No

Have you ever been enlisted in any branch of the U.S. Military (active duty, veteran, national guard, or reserves)?

- Yes  No

If yes, did your military experiences include any traumatic or highly stressful experiences that continue to bother you?

- Yes  No

**GENERAL INFORMATION**

Do you represent the first generation in your family to attend college?  Yes  No

How would you describe your financial status right now?

- Always Stressful  Often Stressful  Sometimes Stressful  Rarely Stressful  Never Stressful

How would you describe your financial status growing up?

- Always Stressful  Often Stressful  Sometimes Stressful  Rarely Stressful  Never Stressful

Indicate how much you agree with this statement: "I get the emotional help and support I need from my family."

- Strongly Agree  Somewhat Agree  Neutral  Somewhat Disagree  Strongly Disagree

Indicate how much you agree with this statement: "I get the emotional health and support I need from my social network."

- Strongly Agree  Somewhat Agree  Neutral  Somewhat Disagree  Strongly Disagree

**BRIEFLY DESCRIBE YOUR REASON FOR COMING TO THE COUNSELING CENTER:**

\_\_\_\_\_  
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Thank You for taking the time to complete this form.