



Mental Health Confidential
University Health Services
University of Massachusetts
 Amherst, MA 01003
 413-545-2337

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Last Name: _____
 First Name: _____ MI: _____
 DOB: _____ Age: _____
 Date: _____ Sex: _____

Basic Information:

Local address _____ Permanent address _____

 Phone : _____ Phone: _____
 Cell Ph: _____

Optional Information: Ethnicity _____ Religion _____

Employment Information:

Hours worked per week _____ Place of employment _____
 Phone _____

Status:

Student Student Family Post Doc Hampshire College
 UMass Employee UMass Employee Family Other (please explain) _____

Students only:

Academic status: Freshperson Sophomore Junior Senior Graduate Continuing Ed
 Other (please explain) _____ Are you a transfer student? yes no
 Major _____ Expected graduation date: _____

Insurance (check all that apply):

Student Health Fee Student Health Insurance Health New England Navigator by Tufts Harvard Pilgrim
 Commonwealth Indemnity (Unicare) Blue Cross Other (specify) _____

Clinical Information:

Please describe briefly the problems that are troubling you now and what kind of help you are specifically requesting:

Referral Source: (*Who was most influential in your decision to come here?*) UHS Basics Athletic Coach
 CCEBMS Dean of Students ULARC Stonewall BCP Academic Advisor Res. Life
 Self UHS Physician/Nurse & name _____ Other (specify)

Counseling/Therapy History:

Have you had previous counseling/therapy experience? yes no Psychiatric hospitalization? yes no
If yes, please indicate approximately when _____ Therapist's name _____

Medical History:

Have you ever had any serious illnesses, injuries, or surgery? (Please specify)

Please list all current prescription and over-the-counter medications, and any past or present prescriptions for emotional symptoms: _____

Relationship status: (check all that apply)

Single In a relationship Living with partner Married Separated Divorced Widowed

Do you have any children? yes no Age _____ Sex _____

Family History:

Are your parents living together? yes no

Are any members of your immediate family deceased? yes no If yes, specify person(s)

_____, age(s) _____, and date(s) _____

Father's age _____ and occupation _____ Step-father's age _____ and occupation _____

Mother's age _____ and occupation _____ Step-mother's age _____ and occupation _____

Brothers: Age _____ Occupation _____ Age _____ Occupation _____

Age _____ Occupation _____ Age _____ Occupation _____

Sisters: Age _____ Occupation _____ Age _____ Occupation _____

Age _____ Occupation _____ Age _____ Occupation _____

Current Situation:

Are you currently having academic problems? yes no

Are you currently having any work problems? yes no

Have you ever had an unwanted sexual experience? yes no

Do you have concerns about your eating behaviors? yes no and/or weight? yes no

Do you believe your current concern is related directly or indirectly to drug and/or alcohol use?

(Check all that apply) yes, my own drug and/or alcohol use
 yes, the use of drugs and/or alcohol by people around me
 yes

If necessary, may we leave a message on your answering machine? yes no
with another person? yes no

"I have read the attached statement of confidentiality and understand that if I have any questions, I will discuss them with the staff person who conducts the assessment."

Signature _____