

INITIAL CONSULTATION AND INFORMATION FORM

Life Skills Center – Los Angeles Harbor College

Interviewer's Name _____ Today's Date _____

Student's Name _____ Student ID # _____

Address _____ Birth Date _____ Gender _____

City _____ State _____ Zip Code _____ Phone # _____

Have you previously received counseling at the Life Skills Center? Yes / No

If so, did you complete information forms at the time? Yes / No

Are you currently enrolled at Harbor College? Yes / No

Are you in a degree or certificate program? Yes / No

Which one? _____

Are you planning to transfer to another college or university? Yes / No

Does your current problem interfere with the completion of your coursework? Yes / No

Are you currently enrolled in a Basic English or Math class? Yes / No

Are you currently in any of the following programs? **ASAP-SPS** Yes / No

EOPS-CARE Yes / No

GAIN/CalWORKs Yes / No

CHAMPS-CAHSEE Yes / No

ETHNICITY:

African American, Black Yes / No

Non-Hispanic Yes / No

Hispanic-Latino/Latina Yes / No

Caucasian/European American/White (non-Hispanic) Yes / No

Asian/Asian American/Pacific Islander Yes / No

Other: Multi-Ethnic Yes / No

GENDER:

Male Yes / No

Female Yes / No

Trans-man/male Yes / No

Trans-woman/female Yes / No

Transgender man/male Yes / No

Transgender woman/female Yes / No

Gender-Queer Yes / No

Other _____ Yes / No

Do you have insurance? Yes / No

Which One (Kaiser/Medical/Etc.) _____

Are you currently taking prescription medication? Yes / No

(Please List) _____

RECREATIONAL DRUG USE:

Marijuana Yes / No

Cocaine Yes / No

Methamphetamine Yes / No

Heroin Yes / No

Opioids Yes / No

Other: _____ Yes / No

Have you ever had suicidal thoughts? Yes / No

Have you ever had homicidal thoughts? Yes/ No

Briefly describe the concern that brought you in for counseling _____

Emergency Contact: Name _____ Phone # _____

Relationship _____

To be filled out by the interviewer: (circle) **Individual** **Couple** **Family** **# Seen**

Primary Complaint _____ Secondary Complaint _____

Other concerns: _____

Referred by: _____ Referred to: _____

Number of sessions seen: _____