***STUDENT DATA FORM*** *(Please print legibly)  
Moravian College Counseling Center*

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home Address: |  |  | College Email: |  | |
| City, State, Zip |  |  |  |  | |
|  |  |  | Cell Phone: | |  | |
| College Address (Hall & Room #) |  |  |  | |  | |  |  |  |

|  |  |  |
| --- | --- | --- |
| If we need to reach you (appointment change, touch base regarding a concern), can we call you on your cell? | Y  N | If so, may we leave a voicemail?  Y  N |
|  |  |  |
| May we send emails (appointment reminders, counseling center newsletters & events, etc.) to you? | Y  N | Preferred Method of Contact: Cell  Email |

In the event of an emergency, who should we contact? Phone:

What is the relationship of this person to you?

**Demographic Information**

Gender:  M  F  T  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Pronouns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ethnicity: | Class: | Relationship Status: | Are you: | |
| Anglo-American/White | Freshman | Married | a commuter | |
| African-American/Black | Sophomore | Single | a transfer student | |
| Hispanic-American/Latino | Junior | In a relationship | on academic probation | |
| More than one ethnicity | Senior | Living with partner | Advocacy Participant | |
| Asian American/Pacific Islander | Graduate | Other | an athlete | |
| Native American | student |  | If an athlete, which team? |
| International Student |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Reasons for seeking counseling (check all that apply)**: | | |
| Relationship problems | Self-Injury | Roommate conflicts |
| Family problems | Childhood Issues | Concern about weight |
| Sexual/Physical violence / abuse | Low self-esteem | Body image issues |
| Concerns about another person | Loneliness | Eating problems |
| Drug or alcohol problem | Sexual orientation issues | Problems with sleep |
| Gambling problem | Gender identity issues | Improving coping skills |
| Anxiety | Controlling anger | Self-Exploration |
| Depression | Fears/Phobias | Academic Concerns |
| Grief/Loss | Obsessive or compulsive thoughts | Panic Attacks |
| CHOICES program | BASICS program | **Mandated for counseling** |

Other: **If your concern or symptom(s) are not listed, please briefly describe them here**:

**CONSENT TO RECEIVE COUNSELING**

I give my permission and consent to Moravian College Counseling Center to provide counseling to me. I fully understand that because of factors beyond anyone’s control specific therapeutic benefits and particular outcomes cannot be guaranteed. If my presenting issue is outside the range of this office’s expertise or service, they will assist me with referrals to an appropriate service provider. I understand that because of counseling I may experience emotional strain, feel worse at points during the process, and be encouraged to make life changes.

I understand the Counseling Center is not open during the evening or weekend hours, nor is it open when the College is officially closed. I should call Campus Police (610.861.1421) in the event of an emergency. I am aware that I can also call 911, Northampton County Crisis (610-252-9060), or go to a hospital ER (St. Luke’s Hospital, 801 Ostrum St, Bethlehem, PA 18015; Lehigh Valley Hospital-Muhlenberg, 2545 Schoenersville Rd., Bethlehem, PA 18017).

I understand that keeping my appointments will produce maximum benefits. My Counselor or I may discontinue counseling at any time. If I decide to discontinue therapy, I will tell my Counselor in advance. If my Counselor thinks I need medications or referral to other professionals, my Counselor will discuss these recommendations with me. If I do not attend counseling (for whatever reason) for two or more consecutive weeks after a missed or cancelled appointment without rescheduling, I will be automatically discharged from the Counseling Center. I understand that I may call back at any time to schedule an appointment if I feel the need to get back into counseling. If I am not being seen for counseling over winter or summer break, I will be discharged during those times.

I understand that the Counselor will not reveal anything I have shared to anyone outside the Counseling Center, with the following exceptions:

* Immediate threat to my or someone else’s life
* Suspicion of child, elder, or vulnerable person abuse
* Court ordered testimony or court ordered release of records

I understand that the Counselor has the legal responsibilities to report actual or suspected child / elder / vulnerable person abuse to authorities. In addition, my Counselor has the legal responsibility to notify Campus Police or civil authorities in order to protect anyone I may threaten and to make an attempt to warn an intended victim. Harmful or dangerous actions, including those to myself, may cause my Counselor to breech confidentiality of our communications.

As we consider our Center a teaching site, counseling interns are under the supervision of licensed senior staff. If you should have any concerns about the service you receive, please contact their supervisors. Should you have a grievance about the Counseling Center staff, please report them to Dr. Blechschmidt, Director. If your complaint or grievance is about Dr. Blechschmidt, or if you feel that your concern has not been resolved by the clinical staff, please contact Dr. Nicole Loyd, Vice President of Student Affairs and Dean of Students.

I understand that the Counseling Center only serves full-time undergraduate students and full-time graduate students.

Otherwise, I know of no reason I should not receive counseling at the Moravian college Counseling Center, and I voluntarily agree to participate.

Student Signature: Date:

Staff Signature: Date:

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