

Mental Health and Wellness Center Client Information Form

Please return this form prior to your appointment with the Mental Health and Wellness Center (MHWC) to avoid delays.

Name: _____

L#: _____

Major: _____

Years at Lane Community College: _____

GPA: _____

Marital Status: Married Single Divorced Other

Gender Identity: _____

Pronouns: _____

Domestic Student International Student

Date of Birth: _____

Emergency Contact Information

Name: _____ Phone: _____

What is your reason for seeking services from the Mental Health and Wellness Center?

Mental Health Clinician Counseling

Addiction Services

Please describe:

Were you referred by anyone to the Mental Health and Wellness Center?

Yes No If yes who referred you?

Are you on any Medication? _____

History of Suicidal Ideation: _____

History of Hospitalization: _____

Have you attended previous counseling outside of LCC? Yes No

Are you receiving services from the LCC Health Clinic? Yes No

If yes, please note that by signing the consent to treat form, you agree to having relevant patient information shared between the MHWC and Health Clinic to aid in supportive services.

If you are choosing to opt out of this information exchange, please check this box: