HARVARD UNIVERSITY
Health Services

Patient Information Form

Please complete this form and bring on your first appointment.

Date: _____ **Student ID:** _____

Date of Birth: _____ **Age:** _____

Local Address: _____

Phone: _____ **Email:** _____

Best way to reach you: _____

Permanent Address/Phone: _____

Emergency Contact Information (Name, Relationship, Address & Phone):

_____

Month and year you entered Harvard: _____ **Current Class Year:** _____

Major/Area of Study: _____

Gender Identification: _____ **Current Relationship/Marital Status:** _____

How do you usually describe your race and/or ethnicity?

1. White or Caucasian, non-Hispanic, Non-Arab
2. African American/Black, non-Hispanic
3. Hispanic/Latino
4. American Indian/Alaskan Native
5. Arab/Middle Eastern or Arab American
6. Asian/Asian American
7. Pacific Islander
8. Other (specify): _____
9. Non applicable (I prefer not to identify my race/ethnicity)

How do you usually describe your sexual orientation?

1. Same sex attraction
2. Opposite sex attraction
3. Both same and opposite sex attraction
4. Unsure
5. Other (specify): _____
6. Non applicable (I prefer not to identify my sexual orientation)

Are you an international student? Yes / No **If yes, what is your country or origin?** _____

Please list parents, siblings, and other significant family members below:

Family relationship:	Age:	Occupation:	Education:

If there are any other significant people in your life (e.g., friends, partners, mentors, etc) please list them here:

_____
_____
_____

Are you currently or have you ever been to counseling or had mental health treatment before? Yes / No If Yes, please describe:

_____
_____
_____

Have you or any family member had a history of medical, mental health, or substance abuse issues? Yes / No If Yes, please describe:

Are you currently experiencing any of the following? (Please check and apply)

□ Stress	□ Irritable	□ Racing thoughts	□ Anxious	□ Hopeful
□ Success	□ Worthless	□ Appetite changes	□ Nightmares	□ Happy
□ Adjustment/transition	□ Mood swings	□ Feeling helpless	□ Worthwhile	□ Wanting to hurt others
□ Relationship issues	□ Guilty	□ Unmotivated	□ Abuse issues	□ Being good to yourself
□ Family concerns	□ Low self-esteem	□ Acting impulsive	□ Lonely	□ Feeling connected
□ Homesick	□ Isolated	□ Sleep concerns	□ Self harm (cutting, scratching, burning)	□ Feeling loved
□ Skipping Class	□ Numbness	□ Purging	□ Physically active	□ Gambling
□ Grief/loss	□ Poor concentration	□ Too much time online	□ Eating concerns	□ Paranoid
□ Identity Issues	□ Crying easily	□ Alcohol concerns	□ Trauma	□ Questions about sexuality
□ Confused	□ Procrastination	□ Using Drugs	□ Angry	□ Cultural adjustment
□ Worried about future	□ Academic difficulties	□ Chronic health issues	□ Unpleasant thoughts that won't go away	
□ Concerns about sexual behavior/health		□ Conflicts with friends	□ Being reckless	□ Suicidal
□ Harassment	□ Being threatened	□ Body image concerns	□ Excessive use of medicine	

□Other_____

Please briefly describe what is happening in your life that prompted this appointment:

_____
_____
_____

Please briefly list any recent major changes in your life:

_____
_____
_____

What are you hoping to accomplish in counseling at this time:

_____
_____
_____

Is there anything else that we did not ask you that you feel we should know about you?

_____
_____
_____