



ANTIOCH COLLEGE

Antioch College Counseling Services

Initial Information Form

Today's Date: _____

The information gathered below is designed to help Counseling Services and Antioch College to better serve students by helping to ensure that we represent all our students' needs. Providing any information is voluntary. Not responding to questions will have no impact on the quality of services received.

1. Name _____
2. Pronouns _____
3. Legal Name (if different) _____
4. Gender

Cisgender AMAB (Male)		Bigender		Gender Apathetic	
Cisgender AFAB (Female)		Intergender		Neutroi (genderless)	
Transgender Woman		Non-Binary		Prefer Not to Say	
Transgender Man		Genderfluid		Other	

5. Sexual Orientation

Heterosexual		Queer	
Gay/Lesbian		Questioning	
Bisexual		Pansexual	
Same Gender Loving		Asexual	
Prefer not to Say		Other	

6. Race/Ethnicity _____

7. Religion/Spirituality _____

8. Are you a First-Generation College Student? YES NO

9. What medications do you take on a regular basis? _____

10. Date of birth _____ Age _____

11. Year of Antioch: (circle): 1st __ 2nd __ 3rd 4th __ +4th

12. Major of study _____

13. **Academic Status:** (circle): Good Fair Poor/Academic Alert Probation

14. Phone number _____

 a. Can we leave a message? YES NO

15. Local address/Residence Hall _____

16. Permanent Address _____

17. Emergency Contact Information

 a. Name and relationship _____

 b. Phone Number _____

 c. What name and pronouns **for you** should we use when speaking to this person?

18. How did you learn about the counseling services? _____

19. Where you referred to counseling services by someone? _____

20. Please briefly describe your reason(s) for coming in to counseling today:

21. Do you experience a pattern(s) or difficulties with learning, engaging in class, or producing academic work? Yes _____ No _____

22. Do you require accommodations for mental health reasons? Yes _____ No _____

23. Do you require assistance accessing resources through your insurance company or off-campus organizations? Yes _____ No _____

24. If the answer is "yes", with what insurance or off-campus resources do you need assistance?
