

Student Health Service

Mental Health History 2018–2019

THIS PAGE MUST BE COMPLETED BY ALL STUDENTS.

Please Note: This information is confidential and will only be seen by the Student Health Service and the Counseling Center.

Student Information

First Name Middle Name Last Name

Date of Birth Lesley Student ID# Gender

Home Address

City State Zip Code

Cell Phone Home Phone

Please check one: College of Liberal Arts and Sciences College of Art and Design

Have you ever been hospitalized for a psychiatric disorder? (specify dates)

Do you intend to begin or continue psychotherapy during college? Yes No

If so, have you identified a provider with whom you will be working?

Student Health Service

Mental Health History 2018–2019 (continued)

Have you experienced any of the following:

- | | | | | | | | |
|--|--------------------------|----------------------------|-------------------------------|---|--------------------------|----------------------------|-------------------------------|
| Depression | <input type="radio"/> No | <input type="radio"/> Past | <input type="radio"/> Current | A suicide attempt | <input type="radio"/> No | <input type="radio"/> Past | <input type="radio"/> Current |
| An anxiety disorder | <input type="radio"/> No | <input type="radio"/> Past | <input type="radio"/> Current | Suicidal thoughts | <input type="radio"/> No | <input type="radio"/> Past | <input type="radio"/> Current |
| Self Injury such as cutting or burning | <input type="radio"/> No | <input type="radio"/> Past | <input type="radio"/> Current | A sleep disorder | <input type="radio"/> No | <input type="radio"/> Past | <input type="radio"/> Current |
| An eating disorder | <input type="radio"/> No | <input type="radio"/> Past | <input type="radio"/> Current | Panic disorder | <input type="radio"/> No | <input type="radio"/> Past | <input type="radio"/> Current |
| Bipolar disorder | <input type="radio"/> No | <input type="radio"/> Past | <input type="radio"/> Current | A learning disability | <input type="radio"/> No | <input type="radio"/> Past | <input type="radio"/> Current |
| Obsessive-compulsive disorder | <input type="radio"/> No | <input type="radio"/> Past | <input type="radio"/> Current | A non-verbal learning disability or autism spectrum disorder/Asperger | <input type="radio"/> No | <input type="radio"/> Past | <input type="radio"/> Current |
| An anger management issue | <input type="radio"/> No | <input type="radio"/> Past | <input type="radio"/> Current | An anti-social conduct disorder | <input type="radio"/> No | <input type="radio"/> Past | <input type="radio"/> Current |
| PTSD | <input type="radio"/> No | <input type="radio"/> Past | <input type="radio"/> Current | Alcohol or substance abuse or dependence | <input type="radio"/> No | <input type="radio"/> Past | <input type="radio"/> Current |
| An attention disorder | <input type="radio"/> No | <input type="radio"/> Past | <input type="radio"/> Current | A thought disorder | <input type="radio"/> No | <input type="radio"/> Past | <input type="radio"/> Current |
| Psychotic Symptoms | <input type="radio"/> No | <input type="radio"/> Past | <input type="radio"/> Current | | | | |

Are you now taking or have you ever taken medication for any of the above? If so, please list:

Describe any other medical or mental health problems or conditions that have required psychological care.

Would you be interested in more information about the Counseling Center? Yes No

What is the best way to contact you?

Cell Phone _____ Home Phone _____ Email _____

Person completing this form: Student Parent Other (please specify) _____

ADDITIONAL CONTACT INFORMATION

For physical, sensory, chronic medical and psychiatric conditions contact:

Ruth Bork
Director of Access Services for Students with Disabilities
617.349.8194 • TTY 617.349.8544 • rbork@lesley.edu

For learning disabilities, attention disorders, and spectrum disorders/Asperger contact:

Kimberly J. Johnson
Director of LD/ADD Academic Support Program
617.349.8462 • kjohnso7@leslet.edu

Counseling Center:

Please call 617.349.8545