**Student Information**

<table>
<thead>
<tr>
<th></th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td></td>
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<tr>
<td>Lesley Student ID#</td>
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<tr>
<td>Gender</td>
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<tr>
<td>Home Address</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Cell Phone</td>
<td></td>
<td>Home Phone</td>
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<tr>
<td>Please check one:</td>
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<tr>
<td>College of Liberal Arts and Sciences</td>
<td></td>
<td>College of Art and Design</td>
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<tr>
<td>Have you ever been hospitalized for a psychiatric disorder? (specify dates)</td>
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<tr>
<td>Do you intend to begin or continue psychotherapy during college?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>If so, have you identified a provider with whom you will be working?</td>
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</table>
Mental Health History 2019–2020 (continued)

Have you experienced any of the following:

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

<table>
<thead>
<tr>
<th>Cell Phone</th>
<th>Home Phone</th>
<th>Email</th>
</tr>
</thead>
</table>

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

ADDITIONAL CONTACT INFORMATION

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

Daniel Newman
Director of Access Services for Students with Disabilities
617.349.8572 • TTY 617.349.8544 • dnewman@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@lesley.edu

Counseling Center:

Please call 617.349.8545