

Brief Assessment/Consult (BAC) Questionnaire

Name: _____ Student ID#: _____ Date: _____

If you are in crisis or feeling suicidal, please schedule an immediate appointment with CAPS at 320-308-3171 or call 911. This intake form is designed to collect information in preparation for your appointment and may not be reviewed in a timely manner.

Please answer the following questions as your responses will assist the clinician you are seeing to get to know you and more fully understand your concerns.

1. What are your pronouns? She/Her He/Him They/Them Other: _____

2. What is your sexual orientation? Gay
 Lesbian
 Heterosexual
 Pansexual
 Bisexual
 Questioning
 Other: _____

3. What kind of housing do you have? On Campus Off Campus

4. Are you employed? Yes No

5. Do you have any current physical health problems? Yes No

6. Have you ever been involved in mental health services before? Yes No

7. Do you have accommodations through Student Accessibility Services? Yes No

8. Are you seeking assistance related to an academic need? (For example, an appeal, reduced course load, etc.)? Yes No

9. Do you have concerns about alcohol use, drug use or other possible addiction? Yes No

10. Are you having serious concerns about preoccupation with body image, weight, exercise or what you eat? Yes No

11. Are you in distress about a recent assault or other traumatic experience? Yes No

12. Are you in distress about the death of someone close to you? Yes No

13. Are you seriously considering suicide? Yes No

14. Are you having thoughts to harm yourself or others? Yes No

15. Briefly describe the concerns that led you to seek counseling. _____

Thank you!



COUNSELING AND
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ST. CLOUD STATE UNIVERSITY