sfai counseling services confidential client information form

San Francisco Art Institute
Counseling Services
Student Affairs
800 Chestnut Street
San Francisco CA 94133

Student Information

Name | Date

Street Address | City

State/Province | Zip/Postal Code | Country

Age | Date of Birth | Gender | Ethnicity(s)

Phone Number | Email Address

BA/BFA Level ❑ FRESHMAN ❑ JUNIOR ❑ SOPHOMORE ❑ SENIOR

MA/MFA Level ❑ FIRST YEAR ❑ SECOND YEAR

Semesters attended at SFAI

If this is your first semester, are you a: ❑ FIRST TIME FRESHMAN ❑ TRANSFER ❑ RE-ENTRY

Major

If you are an international student, what is your F-1 visa?

How many units are you taking?

Are you currently working? Hours/week?

How did you hear about the Counseling Services?

- ❑ Counseling Services Presentation
- ❑ Student Presentation
- ❑ Faculty/Staff
- ❑ Other Student
- ❑ Student Affairs Office
- ❑ Website
- ❑ Brochure/Flyer
- ❑ RAs

Counseling Information

Why are you seeking counseling at this time?

Are you experiencing any of the following?

- ❑ Change in sleeping or eating habits
- ❑ Unusual or bothersome thoughts
- ❑ Interpersonal problem with:
  - ❍ Friend
  - ❍ Familiy
  - ❍ Lover
  - ❍ Teacher
- ❑ Problematic use of alcohol or drugs
- ❑ Academic problems
- ❑ Depression
- ❑ Anxiety
- ❑ Mood swings
- ❑ Harassment or assault
- ❑ Suicidal thoughts

sfai
san francisco. art. institute.
since 1871.

Counseling Information (contd.)

Any physical problems?

Are you on any medication(s)? ❑ YES ❑ NO

If yes, what type?

Have you seen a counselor / therapist before? ❑ YES ❑ NO

Please give dates and reason(s):

Emergency Contact Information

Who can we contact in case of emergency?

Name

Street Address

City

Phone Number

State

Zip Code