SAINT FRANCIS MEDICAL CENTER COLLEGE OF NURSING

Peoria, IL

Student Intake Form

Date: _____

Your Information:

Name: _____ Email: _____

Date of Birth: _____ Phone number: _____

Address: _____ Program/Year: _____

Reason for your visit: (check as many as necessary)

- ☐ School-related Stress
- ☐ Anxious
- ☐ Depressed
- ☐ Anger
- ☐ Clinical Experience
- ☐ Conflict with another student
- ☐ Potential harm to self and/or others
- ☐ Risk of class failure
- ☐ Non-school related
- ☐ Other:

_____

_____

Please describe your reason for your visit:

_____

_____

Have you ever met with a therapist/counselor? If so, when? How long? Any diagnoses?

_____

Are you currently prescribed medication? _____ _____

Goals:

What would you like to accomplish while meeting with the counselor? What are your goals?

_____

How many times would you like to participate in counseling? If the counselor suggests, are you willing to meet more than once, whether weekly, biweekly, or monthly? _____

Other information:

If it involves your academics, have you talked to your professor? _____

Were you referred to counseling? If so, who? (I will not contact the person, unless you sign at release of information): _____

Anything else you would like me to be aware of?

_____

_____

Next steps: Please email this form to Victoria Hopp, the counselor, at Victoria.s.hopp@osfhealthcare.org. Once the form is received, you will receive a few emails: 1. From Victoria with a booking link to schedule your first session and 2. From Docusign regarding an informed consent (please read and sign the consent). We will go over the consent during your first session.

As a reminder, counseling is a **free, confidential resource for all part-time and full-time students.**