

Monsour Counseling & Psychological Services would like to welcome you to our campus!
 This is an exciting time in your life. In order to provide optimum mental health services for all of
 our students, we invite you to complete this optional brief survey.

*Information provided in this survey is confidential and access to any and all information is strictly limited to
 healthcare professionals at Student Health Services and Monsour Counseling & Psychological Services.*

NAME: _____ College _____

Have you experienced, or are you now experiencing, any of the following?

(Please check all that apply)

			Have Received Treatment		Treatment Included:	
	YES	NO	YES	NO	Counseling	MEDS
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug or Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Mental Health Concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you been hospitalized for the above condition(s)? Yes No

Do you plan to continue or to begin receiving treatment? Yes No

MCAPS (on campus) Other Mental Health Professional (off campus)

*If you would like to be contacted by a staff member at MCAPS after the fall semester begins, please indicate
 your preferred contact information here (cell phone or email):*

*Please note: Only give your contact information if you wish a staff member at MCAPS to contact you. Also
 please remember the security of email cannot be guaranteed, and as such it is not a confidential mode of
 communication.*

PLEASE RETURN COMPLETED FORM TO:
 Student Health Services
 757 College Way
 Claremont, CA 91711
 FAX (909) 621-8472