

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 information is strictly limited to healthcare professionals at 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						
Depression						
Bipolar Disorder						
Eating Disorder						
Drug or Alcohol Abuse						
Learning Disability						
Other Mental Health Concern						

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.

PLEASE UPLOAD THE COMPLETED FORM TO: <https://bit.ly/MCAPSSurvey>