

**CALIFORNIA STATE UNIVERSITY, LONG BEACH
COMMUNITY CLINIC FOR COUNSELING AND EDUCATIONAL SERVICES**

1250 Bellflower Boulevard, ED2-155

Long Beach, CA 90840

Tele: (562) 985-4991

Fax: (562) 985-1469

**Adult Application
Information Questionnaire**

All information will be treated with strict confidentiality

Date: _____

Name: _____

Date of Birth: _____ Age: _____ Sex: Male Female

Primary language: _____ Secondary language: _____

Racial/ethnic background: _____

Address: _____

Home phone: _____ Cell phone: _____

Office or work phone: _____ Email: _____

May we leave you a message on your home/cell phone? Would you like to sign up for our email update?

Yes No

Yes No

Marital status: _____ # times married: _____ # of years in current marriage: _____

Occupation: _____ Employer: _____

Education: _____ Are you currently a CSULB student? Yes No

Spouse's name: _____ Employer: _____

Which are you seeking?

Individual Counseling

Couples Counseling

Family Counseling

For Office Use Only

Notice of application received: _____ Notes: _____

Reviewed for: _____ Confirmed Waitlisted Not Accepted Date called: _____

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How did you hear about the Clinic? _____

Please list any major health problems: _____

Please list any medications you take: _____

Have you been in therapy before? Yes No

If yes, when? _____ Reason: _____

Whom did you see? _____ Did it help? Yes No Some

How many children do you have? _____

Please list first names and ages: _____

How many children are currently living with you? _____

How many individuals are currently living in your home? _____

Please check or circle any of the following that are currently troubling you:

inferiority feelings	children	loneliness	headaches	phobias	tiredness
sexual problems	shyness	education	insomnia	extreme fatigue	sadness
suicidal thoughts	separation	guilt	agoraphobia	panic attacks	nervousness
making decisions	drug use/abuse	bowel trouble	appetite	overweight	fetishes
health problems	anger	depression	fears	sexual abuse	conflict
stomach trouble	sleep	divorce	finances	abused as a child	self-esteem
career choices	relaxation	alcohol use	friends	battered/beaten	homicidal
concentration	no interests	compulsions	confidence	painful thoughts	temper
being a parent	energy	self-control	unhappiness	ACOA	impotence
marriage	legal matters	ambition	stress	legal problems	work

Please describe briefly your reasons for seeking psychological consultation or therapy:

What do you hope to get out of this consultation or therapy?

Do you have any current/past legal issues? If yes, please explain. (*Note: we cannot serve court mandated cases*).

Client signature: _____