

Department of Counseling Services

Name _____ Date _____

Current Local Address _____

Phone cell/home _____

Email _____

May we leave a message? (Circle which) phone email both neither

Gender _____

Preferred pronoun reference _____

Age _____

Race/Ethnicity:

Please describe

Relationship Status:

__ Single

__ Married

__ Divorced

__ Engaged

__ Separated

__ Widowed

Academic Status:

MD _____

MPH _____

Master's _____

Ph.D. _____

Resident _____

Specialization _____

__ 1st year __ 2nd year __ 3rd year __ 4th year

Emergency Contact

Name: _____

Number: _____

Atlanta or MSM Emergency Contact

Name _____

Number _____

Relationship _____

Please read the following questions and mark those to which you would respond “yes”

- ___ Have you previously been involved in counseling?
- ___ Do you currently use alcohol or other non-prescription drugs?
- ___ Is there a history of mental health problems in your family?
- ___ Have you ever been physically abused?
- ___ Have you ever been emotionally abused?
- ___ Have you ever been sexually abused or assaulted?
- ___ Are your concerns interfering with your academic performance?
- ___ Have you ever attempted suicide?
- ___ Have you ever been hospitalized for mental health reasons?
- ___ Is there a history of alcohol or drug problems in your family?
- ___ Have you ever been in legal trouble?
- ___ Are you currently taking any prescription medications?
- ___ Are your concerns interfering with your ability to stay in school?

Please briefly describe the concerns that you would like to discuss with a counselor:

How long has this concern persisted? _____

Please use the following scale to answer the next three questions:

1	2	3	4
Not at all	Mildly	Moderately	Highly
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐

1. How serious do you consider your present concern(s)?
2. How motivated are you to resolve your concern(s)?
3. How optimistic are you that your concern(s) can be resolved?

Referral Type:

- ___ Self
- ___ Faculty
- ___ Friend
- ___ Family
- ___ SAPP
- ___ Other Staff



Morehouse School of Medicine's Office of Disability Services ("ODS") is committed to providing an equitable and inclusive environment for all members of the community. It is the policy and practice of the ODS to comply with the Americans with Disabilities Act of 199 (ADA), as amended, 504 of the Rehabilitation Act of 1973, and state and local requirements regarding individuals with disabilities. Under these laws, no qualified individual shall be denied access to or participation in events, programs or services at the School. Through outreach and education, our office will promote access and awareness to all members of our MSM community. The ODS contact information is listed below:

Ms. Amy Marion, R.N., CRRN
Disability Services Manager/Section 504 Coordinator
720 Westview Drive – NCPC 408
Atlanta, GA 30310
(404) 756-5200
ODS@msm.edu

Acknowledgement of Disability Services

I acknowledge that I have been made aware of Morehouse School of Medicine's ODS and have received the appropriate contact information for the ODS. I also acknowledge that in order to receive accommodations or academic adjustments, I must identify myself as having a disability by meeting with ODS.

Print Name

Signature

Date