



Student Support and Wellness Services
Harper Hall- Room 114
410.462.8384

Student Information

This information is confidential.

Student Name _____ Date _____

DOB _____ Identify as what gender? _____ Full or Part Time Student? _____

Address _____
Street City Zip Code

Preferred Phone Number _____ Is it okay to leave messages there? Yes No

Preferred Email Address _____ Is it okay to leave emails there? Yes No

May we acknowledge you on campus? Yes No

Primary Language _____

What concern prompted your visit today? _____

Current or past counselor _____ Phone _____

Current diagnoses _____

Other Health Concerns _____

Primary Care Physician _____ Phone _____

Emergency Contact _____ Relationship _____ Phone _____

Emergency Contact _____ Relationship _____ Phone _____

How did you hear about our services? _____

Student Signature _____ Date _____