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**Concord University Counseling Center**

**Student Information Sheet**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your concerns as you would like to discuss them. Present your thoughts and feelings as clearly as possible and complete the checklist below. YOUR COMMENTS WILL BE TREATED AS CONFIDENTIAL INFORMATION.

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Concerns that led to seeking counseling (please check all that apply)

\_\_\_\_\_\_Anxiety/Panic \_\_\_\_\_\_\_Depression

\_\_\_\_\_\_Stress \_\_\_\_\_\_\_Sleep Problems

\_\_\_\_\_\_Marital/Relationship \_\_\_\_\_\_\_Sexuality

\_\_\_\_\_\_Family \_\_\_\_\_\_\_Physical/Body Image

\_\_\_\_\_\_Relationship(s) \_\_\_\_\_\_\_Grief

\_\_\_\_\_\_Child rearing/Behavior \_\_\_\_\_\_\_Academic/school

\_\_\_\_\_\_Anger Management \_\_\_\_\_\_\_Job/vocational

\_\_\_\_\_\_Trauma \_\_\_\_\_\_\_Substance use/Abuse

\_\_\_\_\_\_Eating \_\_\_\_\_\_\_Major Decision Pending

\_\_\_\_\_\_Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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