

Counseling and Testing Center
UW-La Crosse
PERSONAL INFORMATION FORM 2011-2012

Today's Date _____

NAME _____

UWL/WTC i.d. number _____

LOCAL ADDRESS _____
(Street or P.O. Box)

Birth date: ____ / ____ / ____ Age: _____

(City) (State) (Zip)

May we contact you at this address? ____ Yes ____ No

TELEPHONE (personal) _____

May we call you at this number? ____ Yes ____ No

TELEPHONE (work) _____

May we call you at this number? ____ Yes ____ No

E-mail address _____

May we contact you by e-mail? ____ Yes ____ No

- _____ 1. Sex
1. Male
2. Female
- _____ 2. Living Arrangements
1. On-Campus Housing
2. Off-Campus Housing
- _____ 3. Current Relationship Status
1. Single
2. Partner
3. Married
- _____ 4. Racial/Ethnic Background
1. Black (not Hispanic)
2. American Indian/Alaskan Native
3. Asian/Pacific Islander
4. White (not Hispanic)
5. Hispanic
6. Multi-Racial
7. Other _____
- _____ 5. State of Residence
1. Wisconsin Resident
2. Minnesota Reciprocity Resident
3. Non-Resident
4. Foreign Country
- _____ 6. College Enrollment
1. College of Business Administration
2. College of Liberal Studies
3. College of Science and Allied Health
4. School of Arts and Communication
5. School of Education
6. Educ., Exercise Science, Health & Recreation
7. Western Technical College
- Major _____
- _____ 7. Credit Load: _____
- _____ 8. Approximate GPA: _____
- _____ 9. University/College Status
1. Freshman
2. Sophomore
3. Junior
4. Senior
5. Graduate
6. Prospective Student
7. Former Student
8. Staff

- _____ 10. Health Status
1. Excellent
2. Good
3. Fair
4. Poor
- _____ 11. Current Stress Level
1. Relaxed
2. Anxious
3. Very Tense
- _____ 12. Are you having any physical problems?
1. Yes (If yes, what? _____)
2. No _____
- _____ 13. Have you had any serious illness or injury?
1. Yes (If yes, what? _____)
2. No _____
- _____ 14. Do you have a disability?
1. Yes (If yes, what? _____)
2. No _____
- _____ 15. Are you taking any medication?
1. Yes (If yes, what? _____)
2. No _____
- _____ 16. Previous/current counseling?
1. None
2. UW-L Counseling & Testing Center
3. Private Therapist
4. Other: _____
- _____ 17. Are you employed?
1. Yes
2. No
- _____ 18. If yes, how many hours? _____
Where _____
- _____ 19. Please indicate your overall level of satisfaction with UW-L/WTC
1. Very dissatisfied
2. Dissatisfied
3. Ambivalent
4. Satisfied
5. Very Satisfied

(OVER)

