

The University of Texas at Tyler
Wellness and Prevention Education Services
Substance Abuse Education/ Evaluation Program for Judicial Sanctions

STUDENT INFORMATION SHEET

Date: _____

Last Name: _____ First: _____ M.I. _____

Date of Birth ___/___/___ Age _____ Sex: Male ___ Female ___ Student I.D.# _____

Local Address: _____

Permanent Address: _____

Home Phone # _____ Work # _____ Cell/Pager # _____

How may we contact you? Home Work Cell Don't contact me by phone

Who do you reside with? ___ Alone ___ Parent ___ Roommate ___ Sig. Other ___ Other Relative

CLASSIFICATION

- 1. ___ Freshman
- 2. ___ Sophomore
- 3. ___ Junior
- 4. ___ Senior
- 5. ___ Graduate
- 6. ___ Other

RELATIONSHIP STATUS

- 1. ___ Never Married
- 2. ___ Engaged
- 3. ___ Married
- 4. ___ Separated
- 5. ___ Divorced
- How long? _____
- 6. ___ Widowed
- 7. ___ Domestic Partnership

ETHNICITY

- 1. ___ Native American
- 2. ___ Hispanic/Mexican-American
- 3. ___ Black/African-American
- 4. ___ White/Caucasian
- 5. ___ Asian American/Pacific Islander
- 6. ___ International Student
- Country of Origin _____
- 7. ___ Other

Are you a transfer student? Yes ___ No ___ If yes, from where? _____

Major: _____ Minor: _____

Number of hours this semester: _____ GPA: _____ Expected date of graduation: _____

Employer: _____ Position: _____ Hours per week: _____

Referred by: Self ___ Other (please specify) _____

If you were referred by faculty/administration, does he or she need to receive a confirmation of your visit? Yes ___ No ___ **Before any information can be released from this office, a "Release of Information" form must be filled out and signed by you.**

In what area(s) are you seeking services?

Substance Abuse Evaluation Substance Abuse Education

Information about other services available through this office.

Do you have someone you can rely on in a crisis? Yes No Relationship: _____

Name of personal health care physician, if any: _____

Have you had a medical examination in the past year? Yes No

Briefly describe any current physical or medical problems including any prescription or non-prescription medications you are now taking. _____

Have you ever received treatment for substance abuse issues? Yes No

If yes, when and where did you receive treatment? _____

Does anyone in your family have a history of substance abuse? Yes No

If yes, please describe: _____

Briefly describe the reason/ incident(s) that contributed to your referral for this service:

Please take a moment to read, initial, and sign the “**Information and Consent Substance Abuse Education/ Evaluation Program for Judicial Sanctions**” form. Any questions or concerns related to confidentiality and your consent should be addressed with your counselor. ****Note** If you are under the age of 18, your parent or other legal guardian must sign their consent in order for you to participate in an education and/or evaluation program.**