

Gary M. Eisenberg, Ph.D.
Licensed Clinical Psychologist #PSY 3907
609 W. Littleton Blvd Suite 307
Littleton, CO
303-808-4140

COLLEGE QUESTIONNAIRE

Name: _____

Date: _____

Home #: _____ Work #: _____

Cell #: _____

Address: _____ City: _____ State: _____

ZIP: _____ Age: _____ Date of Birth: _____

Birthplace: _____

School: _____ Grade: _____

Email: _____

Do you work? _____ If _____ so, _____ where?

Guarantor (party responsible for bills):

Home #: _____ Work #: _____

Cell #: _____

Address (if different): _____ City: _____ State: _____ ZIP: _____

Email

Address: _____

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Father's Name:

DOB: _____ SS# _____

Occupation: _____

Work Phone: _____

Mother's Name: _____

DOB: _____ SS# _____

Occupation: _____

Work Phone: _____

With whom do you live? Both parents _____

Mother _____ Father _____

Legal Guardian _____ Other _____

Others in your home:

Name	Age	Relationship
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Who referred you?

HEALTH INFORMATION

Present Health: _____ Excellent _____ Good _____ Poor

Any Health Concerns?

Past Illnesses or Operations?

Explain: _____

Underline any of the following that may apply to you:

Headaches	Dizziness	Fainting Spells
Nightmares	Fatigue	Inferiority Feelings
Depressed	Suicidal	Can't Concentrate
No Appetite	Perfectionist	Use of Drugs
Can't Sleep	Overambitious	Use of Alcohol
Unable to Relax	Feel Panicky	Shy with People
Can't Make Friends	Stomach Trouble	Home Conditions Are
Bad		
Don't Like School	Memory Problems	Unable to Have a
Good Time		
Irregular Heartbeat	Sexual Difficulties	No Sense of Direction

in Life

List any regular medications, their dosages and prescribing doctor:

BACKGROUND INFORMATION

What are your best subjects?

What are your worst subjects?

What are your chief impediments to a maximum school performance?

How do you feel about your school, your teachers, and other students?

How would you describe your grades and work-study habits?

How do you best like to spend your free time? Any special interest or hobbies? _____

In your own words, why do you think that you are here? _____

If you can change any events in your academic past, what would they be? _____

I understand I am being evaluated for psychological and psychoeducational strengths and weaknesses and that this evaluation does not guarantee accommodations from any institution.

Signature _____

Questionnaire - College

Modified 9/2007