

College Student Stress and Anxiety Intake Form

Personal Information

Full Name

Age

Student ID

Email Address

Year in School

Major/Area of Study

Current Stress & Anxiety

How would you rate your current stress level?

How would you rate your current anxiety level?

Please describe any symptoms you are experiencing

Potential Stressors

Academic Stress (classes, exams, assignments)

Personal Relationships

Family Issues

Financial Concerns

Other stressors you'd like to mention

Coping & Support

What coping strategies do you currently use?

Who do you turn to for support?

Additional Comments

Is there anything else you'd like to share?