



CORBAN
UNIVERSITY

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Comprehensive Student Health and Disability Report

MENTAL HEALTH HISTORY

Name: _____
Last First M.I.

MENTAL HEALTH

All information on this form will be kept confidential and will be shared with appropriate Corban personnel on a need-to-know basis only. Please return your completed form to the Student Life Office in the enclosed return envelope.

Describe any medical or mental health problems that have required psychological care. _____

Check any of the following you HAVE experienced or are presently experiencing.
For each item checked provide: •Diagnosis •Age or Dates and •Treatment
(if more space is needed please use the back and indicate item # describing)

- 1. ADD/ADHD _____
- 2. Alcohol or substance abuse or dependence _____
- 3. Anger management issue _____
- 4. Anti-social or conduct disorder _____
- 5. Autism/Asperger's disorder _____
- 6. Anxiety disorder _____
- 7. Bipolar disorder _____
- 8. Depression _____
- 9. Eating disorder _____
- 10. Learning disability _____
- 11. Obsessive-compulsive disorder _____
- 12. Panic disorder _____
- 13. PTSD _____
- 14. Self-injury _____
- 15. Sleep disorder _____
- 16. Suicidal thoughts _____
- 17. Suicide attempt _____
- 18. Are you now taking or have you ever taken medication for any of the above? (Specify medication and dates.)

- 19. Do you desire to begin or continue counseling during college? _____
- 20. Have you been hospitalized for a psychiatric disorder? _____
- 21. Have you been treated for alcohol and/or drug addiction? (Specify dates) _____

NOTE: We may contact you if we are unsure how to best accommodate your mental health needs. All students are expected to function independently in the college environment (i.e. take medication as prescribed, maintain regular class and chapel attendance, take care of themselves physically, and safely reside in the residence hall). If you have questions, please call the Office of Student Life.