



## STUDENT INFORMATION – Section 1

The following information will help us to serve you better. This information that you are sharing will be considered part of your confidential Ka'au Program record. Please complete Section I prior to your initial appointment.

Today's Date: (MM/DD/YYYY) \_\_\_\_\_

UH Student ID: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Gender:  Male  Female  Non-binary  Prefer not to self-describe  Prefer not to say

Home Phone: \_\_\_\_\_ Is it ok to call and leave a message? Yes or No \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Is it ok to call and leave a message? Yes or No \_\_\_\_\_

Is it ok to TEXT to your mobile phone? Yes or No \_\_\_\_\_

UH Email: \_\_\_\_\_@hawaii.edu

\*Please note that email is not considered confidential communication

### LOCAL ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MAILING ADDRESS (if different from above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACT

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

### REFERRAL

How were you referred to the Mental Health & Wellness Office?

Self  Instructor  Faculty/Staff  Friend  Academic Advisor  Other: \_\_\_\_\_

**Please briefly describe your reasons for seeking mental health & wellness support today:**

---

---

---

---

---

---

*I certify that the information provided here is true to the best of my knowledge.*

---

Name

---

Date

*Mahalo for taking the time to complete Section I of this form.*