

ACM-IAU Wellness Center Questionnaire
8 rue de Littera
13604 Aix-en-Provence

Full Name: _____ Date of Birth: _____

Racial/Ethnic Identification: _____ Gender pronouns used: _____

Telephone number: _____ WhatsApp number: _____

Email address: _____ US University: _____

What is your living arrangement in France (check one, please):

Homestay (Host Family Name: _____)

Student residence apartment (Residence Name: _____)

Independent living

Reason for visit:

Do you utilize counseling or other mental health services in the US? If so, please explain: _____

If you are not currently receiving mental health services in the US, have you done so in the past? If so,

please explain:

What medications are you currently taking?

By signing below, I agree that the concept of confidentiality (and its limits) has been explained to me and that I understand my rights.

Signature

Date