

Counseling Intake

Name: _____ C-N ID# _____ Date: _____
Date of Birth: _____ Age: _____ Ethnicity: _____ Gender: _____ Class: Fr ___ So ___ Jr ___ Sr ___ Grad ___
Major: _____ Athletics/Clubs/Leadership roles: _____
Residence Hall/ or Local Address: _____ Hometown: _____
E-Mail: _____@cn.edu May we email you? Y N
Cell Number: _____ May we leave a message? Y N
Preferred method of contact? *Circle One* Cell / Email

Emergency Name & Contact number: _____

For us to best serve you please answer the following questions:

Are you experiencing a crisis and would like to be seen today? _____ Sometime this week? _____ Next week? _____

List available days and times: M: ___ am/___ pm | T: ___ am/___ pm | W: ___ am/___ pm | R: ___ am/___ pm | F: ___ am/___ pm

Have you had prior Counseling Services? Y N If yes, specify: _____

Were you referred to Counseling Services? Y N If yes, by whom: _____

Basic Reason for Counseling (Please check all that apply):

- Adjusting to college life
- Academic/time management
- Eating or body image
- Feelings of sadness or hopelessness
- Stress
- Financial
- Substance use
- Other: _____
- Relationship
- Self-esteem
- Feeling anxious or overwhelmed

Please rate level of functioning: 1 2 3 4 5 6 7 8 9 10
Struggling Some stress/difficulty Very Well

Please rate how current state is affecting your academic and personal life: 1 2 3 4 5 6 7 8 9 10
None Some A lot

Have you had thoughts self-harm? Y N

Have you had actions of self-harm? Y N

If yes, when was the last time? Please specify: _____

If yes, please indicate the frequency of thoughts/actions:

1 2 3 4 5 6 7 8 9 10
In the past Once in a while Regularly All the time

Have you had thoughts of ending your life? Y N

Have you taken actions towards ending your life? Y N

If yes, when was the last time? Please specify: _____

If yes, please indicate the frequency of thoughts/actions:

1 2 3 4 5 6 7 8 9 10
In the past Once in a while Regularly All the time

Do you have any medical conditions? Y N If yes, please explain: _____

Are you taking medication? Y N If yes, please explain: _____

*Student Signature **

Date

***Signature is also required on back. Please complete reverse side.**

Confidentiality

We believe you should be informed about the following ethical and professional procedures: All client appointments, personal information, and files are strictly confidential. Information you supply cannot be shared with others without your prior written consent, except that your counselor may be required by law to release information:

- 1) to protect you or others from imminent serious harm
- 2) suspect child and/or elder abuse/neglect
- 3) records ordered to court

I have read and understand the above statements: _____
Signed _____ Date _____

CONSENT FOR SERVICES: I hereby request services and give my permission for Carson-Newman University Counseling Services to provide counseling as may be indicated for my well-being. This permission includes follow-up by Carson-Newman University Counseling Services after services have been received. I understand I may withdraw this consent at any time.

Student Signature _____ Date _____

Signature of Witness _____ Date _____

CONSENT FOR TELECOUNSELING SERVICES: I hereby request telecounseling services and give my permission for Carson-Newman University Counseling Services to provide telecounseling as may be indicated for my well-being. This permission includes follow-up by Carson-Newman University Counseling Services after services have been received. I understand I may withdraw this consent at any time. Please read the following statements that pertain to telecounseling and sign below. If you have any questions, please let C-N Counseling Services know, and we will be happy to answer them.

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telecounseling services, and nobody will record the session without the permission from the others person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and C-N Counseling Services will explain how to use it.
- You need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the counselor in advance by phone or email.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- We need a safety plan that includes at least one emergency contact and the closest emergency room to your location, in the event of a crisis situation.
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telecounseling sessions.
- I understand that telecounseling is being made available because of restrictions of COVID-19 (something to that avail) and that in-person sessions will resume as soon as appropriate in the Carson-Newman Counseling Services office.

Student Signature _____ Date _____

Signature of Witness _____ Date _____

Withdrawal of Consent _____ Date _____ updated Aug 2020