



PLEASE NOTE: This form should take approximately 15 minutes to read and complete. You will find that a majority of the form is comprised of checklists rather than questions requiring a long response. By filling this form out now, much more of your first counseling session can be spent on addressing your reasons for seeking counseling instead of on gathering background information. We appreciate your time and attention in completing this form in advance.

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DISCLOSURE AND CONSENT FORM

DESIRES AND RESPONSIBILITIES OF COUNSELOR

We desire to see the problem that brought you into counseling resolved to your satisfaction. We also desire to see you enter into the deep joy that Christ offers and grow in your ability to love others authentically. In order to help you, we need to get to know you, how you view your problem, and how you relate to the significant people in your life.

We are responsible to be honest with you and to keep records about the directions we pursue in counseling. We will follow a course of counseling that is in your best interest and will attempt to resolve only those problems that are within the scope of our training.

CONFIDENTIALITY

Confidentiality is an important element of the counseling process. All counselors are bound by state and ethical guidelines regarding preserving client confidentiality. The following information pertains to how Counseling Services approaches this sensitive issue.

_____ Counseling Services has an internal confidentiality policy which allows us to employ a team-based approach to the provision of mental health services to clients when necessary. Thus, counselors may collaborate with one another on difficult cases to ensure best practices for treatment are utilized, while maintaining confidentiality. Your identity and ongoing work in counseling will be kept strictly confidential and will not be shared with any other office, student, off-campus individual, or campus employee.

Additionally, there are some limits to confidentiality, which are outlined below:

_____ If your counselor determines that you are a threat to yourself or others (suicidal or homicidal), he or she may need to disclose these concerns to your family and/or other appropriate mental health or law enforcement professionals.

_____ If your counselor is subpoenaed by a judge for your counseling records, he or she is legally obligated to provide that information.

_____ If you disclose current abuse of a child or disabled person to your counselor, he or she is required by state law to report this to the appropriate authorities.

If you have any questions or concerns about confidentiality, please feel free to discuss those with your counselor at any time in the counseling process.

STUDENT'S RIGHTS AND RESPONSIBILITIES

The course of counseling is determined by you and your counselor. You are encouraged to ask us any questions

you have regarding our educational and professional background, therapeutic approach, and the specific counseling plan and progress.

People often ask how long they will be in counseling. Some students need fairly brief counseling to understand their conflicts and reach the goals they set for themselves. However, others may require many months of work to achieve the growth they desire. We attempt to work with people in such a way that they have sufficient time to meet their individual counseling goals, but we discourage students from becoming inappropriately dependent upon counseling. Consequently, time duration varies from person to person. Students typically know when they are beginning to “feel finished” with their counseling, and we encourage you to discuss this when it happens for you so that we can close our relationship as carefully as we began it. State certification requirements for professional counselors do not imply the effectiveness of any treatment. It is your responsibility to determine whether the services offered are appropriate and ultimately helpful.

As a Counseling Services client, you have access to one free counseling session per week. If your concerns warrant more frequent or intensive services, Counseling Services staff will assist you with finding an off-campus referral to continue counseling. Additionally, if you choose to participate in a Counseling Services support group, you may be asked to utilize either group or individual counseling in order to provide the maximum number of openings to students seeking services. In the event that you require counseling services for more than one academic year, you will not be under the care of Counseling Services during the summer months. You are permitted to contact your counselor over the summer if you want or need to do so, but Counseling Services limits our scope of practice to providing in-person counseling due to professional standards and best practices; thus, he or she will not engage in therapy via email, Skype, or telephone. If you want or need to continue counseling over the summer, your counselor will assist you with finding a counselor with whom you can work during summer break.

The Counseling Services staff includes licensed counselors and social workers, as well as an administrative assistant. It is always our intention to provide services in a professional and ethical manner. If at any time in the course of our work together you feel that there may have been a misunderstanding, or you have any questions or complaint about our services, please bring this up with us immediately so that we can become aware of your concern and resolve the matter with you. We are required to abide by the rules set forth by the Counselor and Social Worker Board of the State of Ohio.

ATTENDANCE AND PARTICIPATION POLICY

Because it is our goal to help as many students struggling with mental or emotional concerns as possible, we strive to ensure that the clients we are presently working with are using their time in counseling well. We hope to help clients reach their therapeutic goals and experience better spiritual, mental, and emotional health as a result. At times, we may need to remind clients of their role in the counseling process since their goals will not be met if there are obstacles to consistent appointment attendance and participation. Additionally, students who have expressed a desire for help may be unable to access care if we do not help current clients move through counseling in a productive way. Thus, if any of the following issues occur, your counselor will discuss them with you, and you may forfeit your counseling sessions:

- Not attending a scheduled appointment without notifying Counseling Services staff
- Canceling a scheduled appointment with less than 24 hours’ notice
- Lack of participation in the therapeutic process

_____ Please initial here if you understand this policy and acknowledge that repeated occurrences of these issues may impact your ability to continue in therapy.

ELECTRONIC COMMUNICATION

One avenue of communication with your counselor outside of session is email. Your counselor may initiate contact with you from time-to-time, such as checking in with you if you miss an appointment and need to reschedule. You may also want to email your counselor with updates or questions about issues addressed

in session. Any communication that occurs by email is part of the clinical record and will be stored with the rest of your counseling file.

Your consent is needed to allow for the sending and receiving of electronic communication with Counseling Services staff, **including when you need to initiate contact with our office to cancel or reschedule your appointment.** Please initial one of the two options listed below:

_____ While every effort is made to ensure that email communication is secure, I understand that there may be some risk that the information in an email could be read by a third party (e.g. an outside party that hacks into the sender’s or recipient’s email account). I understand this risk and **give my consent** for email communication as needed with my counselor.

_____ While every effort is made to ensure that email communication is secure, I understand that there may be some risk that the information in an email could be read by a third party (e.g. an outside party that hacks into the sender’s or recipient’s email account). For these reasons, I **do not give** my consent for email communication with my counselor. All communication outside of session between my counselor and me must occur by telephone or by standard mail.

Please note: Because Counseling Services employees work from 8 AM- 5 PM Monday through Friday, with the office closed during evenings, weekends and over breaks, we cannot guarantee that clients will receive an immediate response to emails they send to Counseling Services staff. **For these reasons, we advise you to call 911 immediately rather than emailing your counselor if you are having a mental health emergency or are in a life-threatening situation.**

SCHEDULING

Please provide the hours you are consistently available for an appointment. Note that our office hours are 8:00 AM - 5 PM, Monday - Friday. ***Additionally, requests for a specific counselor or for a counselor of a certain gender will be honored. However, please be aware that such requests may increase the time you wait for an initial appointment.***

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

ACKNOWLEDGMENT

I acknowledge having been informed of my rights and responsibilities under Ohio laws for licensed mental health professionals. In addition, I acknowledge that I have read and understand the administrative practices of Cedarville University Counseling Services.

Printed Name

Signature

Date

INTAKE FORM

This intake form requires completion by every student before the first counseling session. You are welcome to print the paper version of this form. If you opt to print out the paper version of this form, you will need to bring it with you to your first counseling appointment. For your convenience, you may also submit your completed form via email to the administrative assistant of Cedarville University's Counseling Services. Please be advised that we cannot guarantee the confidentiality of your information due to the insecure nature of electronic forms of communication. If you have any concerns about electronically submitting this form, please print this form and fill it out instead. If you have any questions, please feel free to contact Counseling Services at 937-766-7855.

Date: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____

Ethnicity:

- White/Caucasian
- African-American
- Hispanic
- American Indian
- Asian Pacific/Islander
- International Student/Country: _____
- Other: _____

Local Address or Campus Box Number: _____

Local Phone Number: _____ May we leave a message at this number? Yes No

Dorm: _____ Unit Number (if applicable): _____

Permanent Address: _____

With whom do you live when you are not at school? _____

Number of Brothers: _____ Their Ages: _____

Number of Sisters: _____ Their Ages: _____

I am currently in my _____ year of college.

- 1st 2nd 3rd 4th 5(+)

Academic Status:

- Freshman Sophomore Junior Senior

Major: _____ Minor: _____

Cumulative GPA: _____ Number of Credits This Semester: _____

Are you currently on academic probation?

- Yes No

Have you been on academic probation in the past?

- Yes No

Hours per week spent in paid employment or in clinicals, internships, student teaching, etc: _____

Please indicate who referred you to Counseling Services:

- Self
- Friend
- RA
- Healthcare Provider
- Other
- Faculty
- Family
- RD
- Other Staff

Do you have any medical conditions?

- No
- Yes (please list them) _____

Do you currently take any prescribed medications?

- No
- Yes (please list them below)

Name/Dosage:

Purpose:

Please read the following and check the appropriate response:

Have you previously received counseling?

- Yes
- No

Have you received counseling at Cedarville?

- Yes
- No

If yes, with which Cedarville counselor did you meet? _____

Do you currently use alcohol?

- Yes
- No

Do you currently use illegal drugs or illegal substances?

- Yes
- No

Do you currently use tobacco products?

- Yes
- No

Does your family have a history of mental health problems?

- Yes
- No

Have you ever been a victim of physical abuse?

- Yes
- No

Have you ever been a victim of emotional or verbal abuse?

- Yes
- No

Have you ever been a victim of sexual abuse or assault?

- Yes No

Does your family have a history of drug or alcohol problems?

- Yes No

Have you ever been in legal trouble?

- Yes No

Are your concerns interfering with your academic performance?

- Yes No

Are your concerns interfering with your ability to remain at Cedarville?

- Yes No

Have you ever attempted suicide?

- Yes No

If yes, approximately when was this attempt made? _____

Are you currently experiencing suicidal thoughts or feelings?

- Yes No

If yes, for how long have you had these thoughts or feelings? _____

Do you currently have a suicide plan?

- Yes No

Do have any spiritual concerns that you would like to address in counseling?

- Yes No

Please describe your reasons for coming to counseling and/or what you hope to accomplish through counseling.

Please check all of the **feelings** below that you are experiencing or that have influenced your decision to seek counseling:

- | | |
|------------------------------------|-----------------------------------|
| <input type="radio"/> Helplessness | <input type="radio"/> Fear |
| <input type="radio"/> Depression | <input type="radio"/> Doubt |
| <input type="radio"/> Shame | <input type="radio"/> Mood Shifts |
| <input type="radio"/> Anger | <input type="radio"/> Inferiority |
| <input type="radio"/> Guilt | <input type="radio"/> Insecurity |

- Hopelessness
- Loneliness
- Sadness
- Stress
- Anxiety
- Out of Control
- Extreme Excitement/Enthusiasm
- Worthlessness
- Confusion
- Lack of Motivation
- Unloved
- Irritation
- Low Self Esteem
- Other: _____

Please check all of the **thoughts** below that you are experiencing or that have influenced your decision to seek counseling:

- Confused
- Obsessive
- Racing
- Distracted
- Homicidal
- Perfectionistic
- Disorganized
- Repetitive
- Frightening
- Paranoid
- Suicidal
- Other: _____

Please check all of the **behaviors** below that you are experiencing or that have influenced your decision to seek counseling:

- Eating Less
- Procrastination
- Poor Concentration
- Crying
- Social Withdrawal
- Perfectionistic Behaviors
- Compulsive Exercise
- Purging/Self-Induced Vomiting
- Drug Use
- Skipping Classes
- Binge Drinking
- Self-Injury
- Binge Eating
- Compulsions
- Sexual Issues
- Relational Conflicts
- Disorganization
- Alcohol Abuse
- Laxative Use
- Financial Problems
- Skipping Meals
- Impulsivity
- Recklessness
- Difficulty Saying No
- Parent/Child Conflicts
- Pornography
- Other: _____

Please check all of the **physical symptoms** below that you are experiencing:

- Insomnia
- Weight Gain
- Weight Loss
- Muscle Tension
- Nausea
- Fatigue
- Headaches
- Tightness in Chest
- Eating Problems
- Dizziness/Lightheadedness
- Numbness/Tingling
- Vomiting
- Racing Heart
- Dry Mouth
- Excessive Sleep
- Memory Loss
- Loss of Menstrual Cycle
- Other: _____

Thank you again for completing this form in advance.