

## **DISCLOSURE AND CONSENT FORM**

(Fill out and turn in at first counseling session)

### **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 powerfully. In order to help you, we need to get to know you, how you view your problem, and how you relate to 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. Your identity and ongoing work in counseling will be kept strictly confidential, with only the following exceptions:

We regularly consult with physical or mental health care professionals regarding students with whom we are working. This allows us to gain other perspectives and ideas as to how to best help you reach your goals. This information will be carefully guarded and used with discrimination and will only be used with your best interest in mind.

If we feel you are a threat to yourself or others (suicidal or homicidal), we may need to report these statements to your family and/or other appropriate mental health or law enforcement professionals.

There are a broad range of events that are reportable under child protection statutes when the physical or sexual abuse of a child is involved.

### **STUDENT'S RIGHTS AND RESPONSIBILITIES**

The course of counseling is determined by myself, the counselor, and you, the student. You are encouraged to freely 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.

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.

### **ACKNOWLEDGMENT**

By signing the disclosure and consent statement, the student acknowledges having been informed of his/her rights and responsibilities under regulatory laws for counselors in Ohio. In addition, the student acknowledges that he/she has read and understands the administrative practices of Counseling Services.

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**Signature of Student**

**Date**

### **STUDENT INFORMATION**

Name \_\_\_\_\_

Age \_\_\_\_\_

Dorm/Room \_\_\_\_\_

Campus Phone \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

## INTAKE FORM CHECKLIST

**Please check all that apply to you:**

	<u>Past</u>	<u>Present</u>
extreme fatigue	_____	_____
change in appetite	_____	_____
lack of motivation	_____	_____
excessive/inability to sleep	_____	_____
consistent depressed mood	_____	_____
suicidal thoughts	_____	_____
suicidal attempt	_____	_____
-passing thought	_____	_____
-thinking daily	_____	_____
-created a plan	_____	_____
eating issues/body image	_____	_____
low self-esteem	_____	_____
loneliness	_____	_____
anxiety	_____	_____
physical/medical concerns	_____	_____
repetitive behavior/thought	_____	_____
alcohol/other drug concerns	_____	_____
self-injurious harm (cutting, inflicting physical pain)	_____	_____
sexuality concerns	_____	_____
pornography	_____	_____
sexual abuse	_____	_____
physical abuse	_____	_____
verbal abuse	_____	_____
relational conflicts	_____	_____
loss/death/grief	_____	_____
adjustment to college life	_____	_____
academic problems	_____	_____
career goals	_____	_____

anger \_\_\_\_\_  
spiritual concerns \_\_\_\_\_  
homicidal thoughts \_\_\_\_\_  
perfectionistic tendencies \_\_\_\_\_  
other \_\_\_\_\_

Are you taking any medication? \_\_\_\_\_ If so, what kind? \_\_\_\_\_

For how long? \_\_\_\_\_ Have you seen a counselor before? \_\_\_\_\_

Dates? \_\_\_\_\_ Reason? \_\_\_\_\_

What do you want to accomplish through counseling?

Who prompted you to come to counseling?

parents \_\_\_\_\_ friends \_\_\_\_\_ RA/RD \_\_\_\_\_ faculty \_\_\_\_\_ staff \_\_\_\_\_ self \_\_\_\_\_ other \_\_\_\_\_

**If there is anything that has not been covered elsewhere that you want your counselor to know about you, please write in space below:**

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**It is our desire to serve you in a professional and timely manner. Therefore, each student will be granted up to six sessions, at which time your counselor in consultation with you will determine the need for additional sessions.**