CEDARVILLE UNIVERSITY

Counseling Services
251 N. Main Street
Cedarville, OH 45314
937-766-7855

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. Please be sure to read and sign the Disclosure/Consent information at the end of this form. We appreciate your time and attention in completing this form in advance.

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 return your completed form to the counseling office prior to the scheduling of an 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: _____

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

Local Address (if living off campus): _____

Dorm: _____ Unit Number (if applicable): _____

Permanent Address: _____

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

Parents' Marital Status: ○ Married ○ Divorced ○ Single-parent Home ○ Other: _____

Number of Brothers: _____ Their Ages: _____

Number of Sisters: _____ Their Ages: _____

Ethnicity:

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

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 ○ Faculty
○ Friend ○ Family
○ RA ○ RD
○ Healthcare Provider ○ Other Staff
○ Other

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 (If known, how long?) Purpose:

_____ _____

_____ _____

_____ _____

Medication was prescribed by**:** _____

Please read the following and check the appropriate response:

Have you previously received counseling?
○ Yes ○ No

If yes, with whom did you meet? _____

When did you meet with this counselor? _____

Have you received counseling at Cedarville University?
○ Yes ○ No

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

When did you meet with this counselor? _____

Does your family have a history of drug or alcohol problems?
○ Yes ○ No

Do you currently use alcohol?
○ Yes ○ No

Do you currently use illegal drugs or illegal substances?
○ 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 mental health problems?
○ Yes ○ No

Have you ever been in legal trouble?
○ 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

Are your concerns interfering with your academic performance?
○ Yes ○ No

Are your concerns interfering with your ability to remain at Cedarville?
○ Yes ○ No

Do you have any spiritual concerns that you would like to address in counseling?
○ Yes ○ No

Do you consider yourself a born-again Christian?
○ Yes ○ No ○ Unsure

Please check all of the **spiritual resources/disciplines** that you use:

○ Reading Scripture
○ Attend Church Services
○ Prayer
○ Journaling
○ Discipleship
○ Evangelism/Missions
○ Accountability
○ Other: _____

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

_____

_____

_____

_____

_____

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 _____

For Office Use Only:
Intake form returned on: _____

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

○ Helplessness
○ Depression
○ Shame
○ Anger
○ Guilt
○ Hopelessness
○ Loneliness
○ Sadness
○ Stress
○ Anxiety
○ Out of Control
○ Extreme Excitement/Enthusiasm
○ Fear
○ Doubt
○ Mood Shifts
○ Inferiority
○ Insecurity
○ 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
○ Counting Calories
○ Alcohol Abuse
○ Skipping Classes
○ Binge Drinking
○ Self-Injury
○ Binge Eating
○ Compulsions
○ Sexual Issues
○ Relational Conflicts
○ Disorganization
○ Masturbation
○ Other: _____
○ Laxative Use
○ Financial Problems
○ Skipping Meals
○ Impulsivity
○ Recklessness
○ Difficulty Saying No
○ Parent/Child Conflicts
○ Pornography
○ Drug Use

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: _____

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.

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. The following information pertains to how Counseling Services approaches this sensitive issue.

***Please initial below.**

_____ Counseling Services has an internal confidentiality policy which allows us to employ a team-based approach to the provision of services to students when necessary. Thus, counselors may collaborate with one another and the Director on difficult cases to ensure best practices for treatment are utilized, while maintaining confidentiality. Your identity and ongoing work in counseling will be kept confidential and will not be shared with any other office, student, off-campus individual, or campus employee. In the event that a student is in danger and members of the Cedarville University staff need to be advised, the limits the confidentiality are explained below or a release of information will be obtained from the student.

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).

_____ 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 the 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. As a Counseling Services client, you have access to one free counseling session per week and duration of counseling varies from person to person. Some students need fairly brief counseling to understand their conflicts and reach their goals. Others may require many months of work to achieve the growth they desire. It is your responsibility to determine whether the services offered are appropriate and ultimately helpful.

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 a director and counselors that have obtained master's degrees in counseling or related fields, as well as an administrative assistant. It is always our intention to provide services in a biblical, 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. The counselors in the office that are licensed are also required to abide by the rules set forth by the Counselor and Social Worker Board of the State of Ohio.

ATTENDANCE AND PARTICIPATION POLICY

We hope to help clients utilize their time wisely and reach their therapeutic goals and experience better spiritual, mental, and emotional health. Students are expected to attend scheduled appointments and be an active, voluntary participant in the counseling process. 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 client file 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:

_____ **Give Consent:** 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.

_____ **Do not Consent:** 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.

Email communication will be sent to your student account. If an alternate email is preferred, please provide the alternate email address on the following space provided below:

Email: _____

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.***

ACKNOWLEDGMENT

I acknowledge having been informed of my rights, responsibilities and administrative practices as a student receiving services at Cedarville University Counseling Services. By signing below, I agree to the terms and conditions of counseling.

Printed Name

Signature Date

Thank you again for completing this form in advance.