



SAN JUAN COLLEGE

## Counseling Intake Form

Please complete this form clearly and thoroughly. The information on this form will be handled in a strictly confidential manner and will be used by your counselor to offer you the best help possible. Please print and bring this to your first appointment.

### Section 1: General Information

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ Female ☐ Male ☐ Transgender ☐ Other (identify) \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ OK to phone? Yes ☐ No ☐ OK to leave a message? Yes ☐ No ☐

Cell Phone: \_\_\_\_\_ OK to phone? Yes ☐ No ☐ OK to leave a message? Yes ☐ No ☐

Work phone: \_\_\_\_\_ OK to phone? Yes ☐ No ☐ OK to leave a message? Yes ☐ No ☐

Ethnic/Race Origin: ☐ American/Alaska Native ☐ Asian ☐ Black or African American ☐ Hawaiian/Pacific Islander

☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ White ☐ Other (identify) \_\_\_\_\_

Sexual Orientation: ☐ Heterosexual ☐ Lesbian ☐ Gay ☐ Bi-sexual ☐ Questioning ☐ Prefer not to answer

Relationship Status: ☐ Single ☐ Married ☐ Cohabitant ☐ Separated ☐ Divorced ☐ Widowed ☐ Prefer not to answer

Religious Affiliation: \_\_\_\_\_

Student Email\*: \_\_\_\_\_@my.sanjuancollege.edu (\*provide ONLY if you agree to accept emails from SJC Counseling Staff)

May we acknowledge you on campus?: Yes ☐ No ☐ # years at SJC: \_\_\_\_\_

Major: \_\_\_\_\_ Current Credit Load: \_\_\_\_\_

Did you transfer from another campus/institution to this school? Yes ☐ No ☐

Are you currently employed? ☐ Yes ☐ No If yes, number of hours worked per week: \_\_\_\_\_

What kind of housing do you currently have?: \_\_\_\_\_

With whom do you live?

☐ Alone ☐ Family Other ☐ Roommate(s) ☐ Other (please specify): \_\_\_\_\_

☐ Children ☐ Parent(s) or Guardian(s) ☐ Spouse, partner or significant other \_\_\_\_\_

## Section 1: General Information (continued)

1. Emergency Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ok to leave a message? Yes ☐ No ☐

2. Emergency Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ok to leave a message? Yes ☐ No ☐

Who referred you here?: \_\_\_\_\_

How did you hear about our counseling services? (check all that apply) ☐ Family/Friend ☐ Our website ☐ Presentation

☐ New Student Orientation ☐ Faculty/Staff: \_\_\_\_\_ ☐ San Juan College Program: \_\_\_\_\_

Please list any on-going health problems: \_\_\_\_\_

\_\_\_\_\_

Specify any medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_

Physician Name, Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_

Have you previously had counseling? Yes ☐ No ☐

Have you previously received counseling at San Juan College? Yes ☐ No ☐

Are you currently receiving counseling or psychiatric services at another location? Yes ☐ No ☐

If you answered "yes", to the above three questions, where, when, how long, did it help and for what purpose?:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the past, have you ever been given a mental health diagnosis from a mental health professional? Yes ☐ No ☐

If yes, as you understand it, what is/was the diagnosis? \_\_\_\_\_

Are you registered with the office for disability services on this campus, as having a documented and diagnosed disability? Yes ☐ No ☐

## Section 2: Description of Presenting Issue(s)

Symptom(s) –please check all that have occurred within the *last 2 weeks*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Abuse (physical, sexual, verbal)       | <input type="checkbox"/> Feeling concerned about your sexuality or sexual behavior   | <input type="checkbox"/> Numbness/lack of emotion        |
| <input type="checkbox"/> Alcohol/Substance Abuse                | <input type="checkbox"/> Feeling that people are watching you and out to get you     | <input type="checkbox"/> Obsessions                      |
| <input type="checkbox"/> Aggressive Behavior                    | <input type="checkbox"/> Feelings of worthlessness                                   | <input type="checkbox"/> Odd behavior/thoughts           |
| <input type="checkbox"/> Angry Feelings                         | <input type="checkbox"/> Fear of specific places/objects                             | <input type="checkbox"/> Outbursts of temper             |
| <input type="checkbox"/> Anxiety/Worry                          | <input type="checkbox"/> Financial Concerns  | <input type="checkbox"/> Overeating                      |
| <input type="checkbox"/> Blackouts/Memory Loss                  | <input type="checkbox"/> Grief/Loss  | <input type="checkbox"/> Pain                            |
| <input type="checkbox"/> Compulsive Behaviors                   | <input type="checkbox"/> Health Problems   | <input type="checkbox"/> Problems with school            |
| <input type="checkbox"/> Concussions                            | <input type="checkbox"/> Hearing Voices  | <input type="checkbox"/> Recent appetite changes         |
| <input type="checkbox"/> Crying                                 | <input type="checkbox"/> Housing Concerns  | <input type="checkbox"/> Recent weight gain or loss      |
| <input type="checkbox"/> Decreased need for sleep               | <input type="checkbox"/> Impulsive Behaviors   | <input type="checkbox"/> Relationship problems           |
| <input type="checkbox"/> Depressed Mood                         | <input type="checkbox"/> Inability to control thoughts                               | <input type="checkbox"/> Restlessness                    |
| <input type="checkbox"/> Difficulty Concentrating               | <input type="checkbox"/> Indecisive  | <input type="checkbox"/> Self-Esteem/Confidence          |
| <input type="checkbox"/> Difficulty falling asleep              | <input type="checkbox"/> Issues with food/weight                                     | <input type="checkbox"/> Shortness of breath             |
| <input type="checkbox"/> Difficulty making friends              | <input type="checkbox"/> Jumpy   | <input type="checkbox"/> Sleeping too much or too little |
| <input type="checkbox"/> Difficulty staying asleep              | <input type="checkbox"/> Lack of motivation  | <input type="checkbox"/> Social withdrawal               |
| <input type="checkbox"/> Distrust                               | <input type="checkbox"/> Lesbian, Gay, Bi-sexual, Transgender/Queer (LGBTQ) Concerns | <input type="checkbox"/> Stressed/under pressure         |
| <input type="checkbox"/> Dizzy or lightheaded                   | <input type="checkbox"/> Loneliness  | <input type="checkbox"/> Suicidal Thoughts               |
| <input type="checkbox"/> Eating Disorder                        | <input type="checkbox"/> Low Motivation  | <input type="checkbox"/> Sweating                        |
| <input type="checkbox"/> Experienced a traumatic event          | <input type="checkbox"/> Medications   | <input type="checkbox"/> Traumatic Brain Injury          |
| <input type="checkbox"/> Family emotional problems              | <input type="checkbox"/> Muscle Tension  | <input type="checkbox"/> Trembling or shaking            |
| <input type="checkbox"/> Fatigue/Loss of energy                 | <input type="checkbox"/> Nightmares  | <input type="checkbox"/> Other: _____                    |
| <input type="checkbox"/> Feeling as if you'd be better off dead |  | _____  |
| <input type="checkbox"/> Feeling manipulated or controlled      |  | _____  |

In the past, what has been helpful to you, in dealing with these presenting issue(s)?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have any members of your family had problems with: ☐ Drugs ☐ Alcohol ☐ Depression ☐ Anxiety ☐ Major Illness

Please share why you decided to pursue counseling: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you hope to accomplish through counseling: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What kind of support system do you have? (Family, friends, groups, religious/spiritual support): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else you would like us to know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank You!**

Intake updated on: \_\_\_\_\_

**San Juan College Advising & Counseling Center**  
**Client Consent Form, Confidentiality and No-Show Policy**

COUNSELING is a confidential process designed to help you address your concerns. It involves a relationship between you and a trained therapist who has the desire and willingness to help you accomplish your individual goals. Generally, students are able to meet their goals in 3-10 sessions. If you and your counselor determine that longer term or more intensive therapy is best for your needs, your counselor will provide a referral to an appropriate provider in the community.

**CONFIDENTIALITY**

All interactions with Counseling Services, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, educational, or job placement file. At your discretion, you may request that your counselor release specific information about your counseling sessions to persons you designate. This must be done in writing on a Release of Information form

→ EXCEPTIONS TO CONFIDENTIALITY ←

- If there is evidence of clear and imminent danger of harm to self and/or others, a counselor is legally required to report this information to the authorities responsible for ensuring safety.
- New Mexico state law requires that staff of Counseling Services who learn of, or strongly suspect, physical or sexual abuse or neglect of any person under 18 years of age or of an elder adult, must report this information to appropriate authorities.
- A court order, issued by a judge, may require the Counseling Services staff to release information contained in records and/or require a counselor to testify in a court hearing.
- Your counselor may consult with the other counselors to provide the best possible care. These consultations are for professional purposes only.
- For medical emergencies.

**NO SHOW POLICY**

We appreciate prompt arrival for appointments. Please notify us at 505-566-3404 if you will be late. Twenty-four hour notification of cancellation allows us to use the time for others. A "No Show" Policy limits the number of No Shows before counseling services are suspended. **A student who misses an appointment without notifying the counselor is considered a No Show. Two consecutive No Shows or a total of any three No Shows altogether will generate a suspension from counseling services for a period of three months from the time of the last No Show.** Counselors will notify students of their ineligibility via the student's SJC e-mail, with a copy placed in the student's counseling file. Any exceptions to this practice will be documented in the student's file. Exceptions to this practice might occur, for example, with students who are a potential danger to themselves and are thus in dire need of services.

There is no fee for counseling services. If you are referred off campus to health, mental health, or substance abuse professionals you are responsible for their charges.

If you have a mental health emergency during non-business hours, please contact the 24 hour crisis line through the Community Counseling Center, at 505-325-1906.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Counseling Services Clients Rights and Responsibilities**

We want you to be aware of your rights as a client of our services. We have outlined these below, and, if you have any questions, please ask your counselor about them. There is, also, a list of your responsibilities as a client that help us give you the best care we can.

### **Your Rights**

- ✓ You have the right to considerate, courteous and respectful care.
- ✓ You have the right to Confidentiality
  - In the usual course of events, you have the right to keep your counseling here completely private. This means that, without your written permission, no information about your use of our counseling services is available to anyone outside of the Advising and Counseling Center (ACC); including college personnel, parents, family members, friends, or outside agencies. However, there are certain exceptions to confidentiality, noted below, with which you should be aware before you enter into a counseling relationship. Please read carefully through these exceptions, and be sure to ask your counselor if you have any questions.

#### → Exceptions to Confidentiality ←

- If you pose a threat of harm to yourself, to another person, or to the college community, we will take whatever steps are required by law, or permitted by law, to help prevent the potential harm from happening. This may include contacting your family, San Juan College officials and/or appropriate emergency services personnel.
- In the event of a psychiatric hospitalization.
- If you report information indicating that a child, disabled, or elderly person is suffering abuse or neglect.
- A court order, issued by a judge, could require us to release information contained in your records, or could require a therapist to testify.
- If you have been mandated by a San Juan College administrator to seek an evaluation.

#### ✓ Release of Information

- You have the right to discuss with your counselor what information is in your record.
- If you will be signing a release of information authorizing the ACC to share information with outside sources, you have a right to discuss specifically what information will be released.
- ✓ You have the right to end your counseling at any time.
- ✓ You have the right to request a different counselor to the extent possible. Reassignment will depend upon availability of alternate counseling staff.
- ✓ You have the right to obtain an evaluation for the issue that brings you here. We will make every effort to refer you to appropriate outside resources.
- ✓ You have the right to participate in the development and delivery of your treatment plan.
- ✓ You have the right to know the credentials of your therapist.
- ✓ You have the right to present a complaint, knowing that your care will not be compromised in any way. If you have a problem concerning your care that you cannot solve with your counselor, call the Director of the Advising and Counseling Center at 505-566-3404.

## **Your Responsibilities**

- ✓ To keep your scheduled appointments and let us know as soon as possible if you cannot keep one.
- ✓ To be as honest and open as possible with your counselor.
- ✓ To notify your counselor of any changes in condition.
- ✓ Between sessions, to think through the concerns you are addressing in counseling.
- ✓ To follow through on treatment recommendations.
- ✓ To attend sessions clean and sober.
- ✓ We ask that you end your work with us in a termination session, rather than not keeping your appointment. This way you can share and discuss with your counselor what was useful and what might have been improved.
- ✓ If you feel that you might harm yourself or others, contact the ACC immediately at 505-566-3404 during business hours (8am – 5pm M-F) or contact the SJC Public Safety Department at 505-566-3333 or call 911.

I have been informed of my rights and responsibilities as a client and I intend to do my best to adhere to them and to make the most of my treatment at the Advising and Counseling Center.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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