

# INITIAL COUNSELING INTAKE FORM

All information received by the AUK counselors is treated as private and confidential, unless someone is in danger.

(Please refer to the Confidentiality Policy for details)



## Personal Information

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_ S000 \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yy) Email Address \_\_\_\_\_

Address: Block : \_\_\_\_\_ Street : \_\_\_\_\_ Avenue: \_\_\_\_\_ House: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please circle the phone number you prefer. Is it ok to leave a voice message or send a text? \_\_\_\_\_

Who referred you to AUK Counseling? \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Name & ages of siblings \_\_\_\_\_

Married or Engaged? \_\_\_\_\_ Name of Partner \_\_\_\_\_

Do you have children? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Any history of alcohol or drug use?  Yes  No

Any history of Suicidal or homicidal thought/actions?  Yes  No

Have you received counseling in the past?  Yes  No

(If yes, please list dates & providers)

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Any history of violence, abuse or trauma?

Yes (Please describe)

No

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List any health problem that you have or have had in the past.

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If you are receiving treatment off campus, then it is often helpful for professionals to work together for the most effective treatment. Please inform the counselor if you would like to receive this type of coordinated care.

Yes

No

Please check ANY of the following you have experienced in the past 6 months. You may write in any additional symptoms in the empty spaces provided.

### Feelings

<input type="checkbox"/>	Helpless	<input type="checkbox"/>	Out of control	<input type="checkbox"/>	Excited	<input type="checkbox"/>	Depressed	<input type="checkbox"/>	Sad
<input type="checkbox"/>	Worried	<input type="checkbox"/>	Ashamed	<input type="checkbox"/>	Stressed	<input type="checkbox"/>	Worthless	<input type="checkbox"/>	Distracted
<input type="checkbox"/>	Angry	<input type="checkbox"/>	Anxious	<input type="checkbox"/>	Lonely	<input type="checkbox"/>	Confused	<input type="checkbox"/>	Irritable
<input type="checkbox"/>	Tense or Nervous	<input type="checkbox"/>	Other:						

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### Thoughts

<input type="checkbox"/>	Unlovable	<input type="checkbox"/>	Creative	<input type="checkbox"/>	Unmotivated	<input type="checkbox"/>	Worried about body image	
<input type="checkbox"/>	Confident	<input type="checkbox"/>	Forgetting things	<input type="checkbox"/>	Suicidal Ideas	<input type="checkbox"/>	Mind Racing	<input type="checkbox"/> Behavior
<input type="checkbox"/>	Disorganized	<input type="checkbox"/>	Imagine hurting self	<input type="checkbox"/>	Unattractive	<input type="checkbox"/>	Thoughts racing	
<input type="checkbox"/>	Homosexuality/Bisexuality		Other:					

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## Actions

<input type="checkbox"/>	Procrastinating	<input type="checkbox"/>	Irresponsible	<input type="checkbox"/>	Skipping classes	<input type="checkbox"/>	Can't make decisions
<input type="checkbox"/>	Hurting self	<input type="checkbox"/>	Alcohol use	<input type="checkbox"/>	Gambling	<input type="checkbox"/>	Financial Problems
<input type="checkbox"/>	Compulsive	<input type="checkbox"/>	Crying	<input type="checkbox"/>	Hallucination	<input type="checkbox"/>	Bad Home Conditions
<input type="checkbox"/>	Job Problems	<input type="checkbox"/>	Poor concentration	<input type="checkbox"/>	Nightmares	<input type="checkbox"/>	Parent/child conflicts
<input type="checkbox"/>	Shy with people	<input type="checkbox"/>	Can't make friends	<input type="checkbox"/>	Recurrent Dreams	<input type="checkbox"/>	Afraid Of People
<input type="checkbox"/>	Drug Use	<input type="checkbox"/>	Marriage / Dating Concerns	<input type="checkbox"/>		<input type="checkbox"/>	Unable To Have A Good Time
<input type="checkbox"/>	Other						

## Physical Symptoms

<input type="checkbox"/>	Always Tired	<input type="checkbox"/>	No Appetite	<input type="checkbox"/>	Stomach Trouble	<input type="checkbox"/>	Always Sleepy
<input type="checkbox"/>	Over-eating	<input type="checkbox"/>	Weight gain or loss	<input type="checkbox"/>	Headache	<input type="checkbox"/>	Unable to relax
<input type="checkbox"/>	Vomiting	<input type="checkbox"/>	Trouble sleeping	<input type="checkbox"/>	Dizziness	<input type="checkbox"/>	Tightness or heavy feeling chest
<input type="checkbox"/>	Loss of memory	<input type="checkbox"/>	Fainting spells	<input type="checkbox"/>	Nightmares	<input type="checkbox"/>	Parent/child conflicts

List an Medication you are currently taking:

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## CONFIDENTIALITY & CONSENT

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Counseling services at AUK are confidential. This means that, with rare exceptions, information shares in a counseling session is kept private and is not shared outside of the department. The counselor will make exceptions to the confidentiality policy only if a student is potentially self-destructive, harmful to others, or if a child is in danger. In these rare instances when confidentiality must be broken for the purpose of safety, every effort will be made to keep the student informed when private information must be shared with appropriate parties. Counselors within the Career Services & Wellness division may consult one another to ensure the best possible care for each student.

Students may give the counselor written permission to speak with a specific person, such as a family member, friend, doctor, or AUK employee. If the student is under the age of 18, then limited counseling information can be shared with parents without the written consent of the student. All attempts will be made to include the student in this process when such action is deemed necessary.

Counseling records are not a part of a student's educational record. Counseling information will not be stored in a student's permanent academic file. However, counseling records are the property of the institution, specifically the Career Services and Wellness division. If a student needs access to their counseling records for any reason, a summary of the treatment history can be provided. In addition, if the student is requesting treatment history to be shared with another therapist, consent for disclosure form must be completed by the student in order for reasonable information from the student records to be shared.

The counselor is available to students via email only for general or logistical information. Since email is not a secure, confidential method of communication, and because email is not an appropriate venue to discuss complex issues, students may be referred to an office visit if electronic communication is of a personal nature.

In disciplinary cases, Counselors cannot and will not overturn administrative disciplinary decisions regarding individual students. If counseling is mandated by the University for a student, then the counselor will need to speak with the Vice President for Student Affairs concerning a student's general progress. The counselor will report if a student has attended the mandatory number of sessions and if the student has complied with the counseling process. Discussions with the Vice President will not include personal details and will be limited in nature.

Any student who violates the AUK Code of Conduct or who may represent danger to him/herself or others on campus will be referred to the Vice President for Student Affairs for action per the Student Code of Conduct. In these cases of health and safety risk, confidentiality will be broken to protect the students.

### Consent for treatment

There are potential risks and benefits associated with counseling. Risks might include facing uncomfortable feelings, remembering unpleasant times in the past, family, or feeling stress that can come with change in lifestyle and relationships. Benefits of counseling include improved coping skills, healthier relationships with friends and family, clear goals for the future, improvement in concentration and decision making, and feeling more in control of life.

I have read and understand the confidentiality policy. I agree to evaluation and treatment with an AUK Counselor.

**Signature** : \_\_\_\_\_ **Date** : \_\_\_\_\_

**Age** : \_\_\_\_\_ **Student ID** : \_\_\_\_\_