

Elon University Counseling Services

Welcome to Counseling Services. If you are new to our services, please read our brochure, which briefly summarizes our services. Feel free to share any questions/concerns you may have with us.

As part of our commitment to providing the highest quality of services possible, we'd like to gather some information about you so we can serve you better. Before meeting with your counselor, please complete the following information:

Confidentiality statement (below, please read and sign)
Client Information Form (page 2, please read and sign)
Client Intake Form
Assessment (CCAPS)

Thank you. Please do not hesitate to let us know any suggestions/feedback you have that may help us to serve you better.

CONFIDENTIALITY STATEMENT

Your counselor is committed to upholding the standards of confidentiality. This means that the information you share with your counselor will not be disclosed to others, except under the following 4 specific conditions:

- (1) if you give prior written consent to share information
- (2) if you are at significant risk of harming yourself or others
- (3) if you disclose child or elder abuse
- (4) if the counselor is mandated to disclose documents
by a court of law

I have read and understand the above confidentiality statement and consent to disclosure of my communications with a counselor under the limited circumstances described above.

SIGNED: _____ DATE: _____

CLIENT INTAKE FORM

GENERAL INFORMATION

First Name _____ Initial _____ Last Name _____

What name do you prefer: _____

Cell Phone Number: _____

How may we contact you: E-mail _____ Telephone _____ Don't E-mail _____ Don't call _____

Emergency Contact Name: _____

Number: _____ **Relationship:** _____

Home address:

Street Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____

DEMOGRAPHIC INFORMATION

Age: _____ **Date of Birth:** _____ **Ethnicity:** _____

Religious/Spiritual Preference: _____ **Marital Status:** _____

Living with: Alone _____ Roommate(s) _____ Significant other _____ Parents _____ Other _____

Residence: Residence Hall _____ Campus Apartments _____ Fraternity/Sorority _____
Off Campus _____ Parents/Family _____ Other: _____

Status: Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate Student _____
Law Student _____ Faculty _____ Staff _____

Major: _____ **Minor:** _____

Enrollment Full time _____ Part time _____ Not enrolled _____ **GPA:** _____

HOW WERE YOU REFERRED TO COUNSELING SERVICES: *(check all that apply)*

Self _____ Friend _____ Family _____ Faculty _____ Dean of Students _____ Residence Life _____

Student Health _____ Career Services _____ Disability Services _____ Judicial _____

Other _____

HAVE YOU HAD PREVIOUS EVALUATION OR TREATMENT: *(check all that apply)*

None _____ Counseling Services _____ Student Health _____ Private Therapist _____ Mental Health _____

Hospital _____ Hospitalized _____ (Date) _____

CONCERNS:

Brief description what brought you here today:

MEDICAL INFORMATION:

Physical or Medical Problems:

Medications: (please list dosage if known)

PARENT INFORMATION:

Mother's Name _____ Father's Name _____

Mother: living ___ deceased ___ Father: living ___ deceased ___

Mother's occupation: _____ Father's occupation: _____

Mother's education: _____ Father's education: _____

My parents are: Married _____ Separated _____ Divorced _____ Living together _____
Other _____

If separated/divorced, how old were you when this occurred _____

SIBLINGS: Please list all indicating: full, half, step, brother or sister

_____ Age: _____ _____ Age: _____

_____ Age: _____ _____ Age: _____

_____ Age: _____ _____ Age: _____

PLEASE ANSWER THE FOLLOWING:

	Never	Sometimes	Often	Always
I have thoughts of ending my own life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel hopeless about the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever felt the need to cut down on drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLIENT INFORMATION FORM

Elon University Counseling Services provides a wide range of counseling and psychological services to currently enrolled Elon students, faculty and staff. The services may include: short-term individual counseling, referrals, and a variety of outreach programs designed to promote self-help and personal growth.

Initial Appointment: During your first appointment, you will be encouraged to discuss your concerns and goals with a staff counselor. Together, you and your therapist will determine what services will be most effective for you. When Counseling Services is unable to provide the type of service you need, you will be referred to an appropriate agency or specialist in the community.

Counseling Appointments: Counseling Services resources are limited and the demand for our services is high, we therefore ask that you give us at least 24 hours notice to cancel or reschedule a session.

Number of Sessions: Counseling Services uses a brief therapy model which emphasizes a solution focused practical response to personal problems. Most issues can be addressed in short term therapy. When extended treatment is required, your counselor will assist with a referral to other professionals in the community.

Urgent Matters: If, after your initial appointment, you find that your situation needs immediate attention and you need to contact Counseling Services during the hours we are closed, please contact Campus Safety and Police 278-5555. The Administrator on call (AOC) will return your call and contact the Counselor on call (COC).

Confidentiality: All written or verbal information you give is confidential within Counseling Services. Your therapist may consult with other professional staff only to ensure that you receive the best help possible. Information will not be released outside Counseling Services without your written consent. Please review the description of the legal limits of confidentiality on the form entitled *Confidentiality Statement*.

Your Rights: Because we are counselors, psychologists, and social workers, we strive to uphold the most responsible ethical and professional standards. If you have any questions or concerns about your treatment at Counseling Services, please bring these issues to the attention of your therapist. It is also important that you know you have the right to discontinue therapy at any time, or request a change in therapist; however, we request that you let your therapist know of your intentions, so that other treatment options may be suggested.

Users of our services: You may also be asked to complete a satisfaction survey. These forms give you the opportunity to assess the quality of our services and your experiences at Counseling Services. They are always distributed in such a way so your feedback is anonymous.

Please consult with your therapist if you have any questions about the above information.

I have read and understand this client information.

Signature: _____ Date: _____

CCAPS-62

Name: _____ Date: _____

INSTRUCTIONS: The following statements describe thoughts, feelings, and experiences that people may have. Please indicate how well each statement describes you, during the past two weeks, from "not at all like me" (0) to "extremely like me" (4), by marking the correct number. Read each statement carefully, select only one answer per statement, and please do not skip any questions.

	Not at all like me	Extremely like me
1. I get sad or angry when I think of my family	0	1	2	3	4
2. I am shy around others	0	1	2	3	4
3. There are many things I am afraid of	0	1	2	3	4
4. My heart races for no good reason	0	1	2	3	4
5. I feel out of control when I eat	0	1	2	3	4
6. I enjoy my classes	0	1	2	3	4
7. I feel that my family loves me	0	1	2	3	4
8. I feel disconnected from myself	0	1	2	3	4
9. I don't enjoy being around people as much as I used to	0	1	2	3	4
10. I feel isolated and alone	0	1	2	3	4
11. My family gets on my nerves	0	1	2	3	4
12. I lose touch with reality	0	1	2	3	4
13. I think about food more than I would like to	0	1	2	3	4
14. I am anxious that I might have a panic attack while in public	0	1	2	3	4
15. I feel confident that I can succeed academically	0	1	2	3	4
16. I become anxious when I have to speak in front of audiences	0	1	2	3	4
17. I have sleep difficulties	0	1	2	3	4
18. My thoughts are racing	0	1	2	3	4
19. I am satisfied with my body shape	0	1	2	3	4
20. I feel worthless	0	1	2	3	4
21. My family is basically a happy one	0	1	2	3	4
22. I am dissatisfied with my weight	0	1	2	3	4
23. I feel helpless	0	1	2	3	4
24. I use drugs more than I should	0	1	2	3	4
25. I eat too much	0	1	2	3	4
26. I drink alcohol frequently	0	1	2	3	4
27. I have spells of terror or panic	0	1	2	3	4
28. I am enthusiastic about life	0	1	2	3	4
29. When I drink alcohol I can't remember what happened	0	1	2	3	4
30. I feel tense	0	1	2	3	4
31. When I start eating I can't stop	0	1	2	3	4
32. I have difficulty controlling my temper	0	1	2	3	4
33. I am easily frightened or startled	0	1	2	3	4

CCAPS-62

	Not at all like me	Extremely like me
34. I diet frequently	0	1	2	3	4
35. I make friends easily	0	1	2	3	4
36. I sometimes feel like breaking or smashing things	0	1	2	3	4
37. I have unwanted thoughts I can't control	0	1	2	3	4
38. There is a history of abuse in my family	0	1	2	3	4
39. I experience nightmares or flashbacks	0	1	2	3	4
40. I feel sad all the time	0	1	2	3	4
41. I am concerned that other people do not like me	0	1	2	3	4
42. I wish my family got along better	0	1	2	3	4
43. I get angry easily	0	1	2	3	4
44. I feel uncomfortable around people I don't know	0	1	2	3	4
45. I feel irritable	0	1	2	3	4
46. I have thoughts of ending my life	0	1	2	3	4
47. I feel self conscious around others	0	1	2	3	4
48. I purge to control my weight	0	1	2	3	4
49. I drink more than I should	0	1	2	3	4
50. I enjoy getting drunk	0	1	2	3	4
51. I am not able to concentrate as well as usual	0	1	2	3	4
52. I am afraid I may lose control and act violently	0	1	2	3	4
53. It's hard to stay motivated for my classes	0	1	2	3	4
54. I feel comfortable around other people	0	1	2	3	4
55. I like myself	0	1	2	3	4
56. I have done something I have regretted because of drinking	0	1	2	3	4
57. I frequently get into arguments	0	1	2	3	4
58. I find that I cry frequently	0	1	2	3	4
59. I am unable to keep up with my schoolwork	0	1	2	3	4
60. I have thoughts of hurting others	0	1	2	3	4
61. The less I eat, the better I feel about myself	0	1	2	3	4
62. I feel that I have no one who understands me	0	1	2	3	4