Southwest Baptist University | Counseling Services

Client Sheet and Consent Form for Treatment

The following information will help us in serving you better. All information you share with Counseling Services will be treated as confidential. Please complete this form. Read and sign the consent at the bottom of page two. Feel free to ask any questions you may have.

Today's date: _____

Contact Information

Name: _____

☐ Female ☐ Male Age: _____ Date of Birth: _____ SS#: _____

Student ID Number: _____ Major: _____

Phone: _____ SBU E-mail: _____

School address: _____

Home address: _____

In case of emergency, whom may we contact? _____

Relationship: _____ Telephone: _____

Marital Status:

☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced

SBU Status:

☐ Freshman ☐ Junior ☐ Grad student ☐ Other: _____

☐ Sophomore ☐ Senior ☐ Faculty/Staff

Form continues on next page.

If you are having thoughts of suicide, you can call the National Suicide Prevention Lifeline at 1-800-273 TALK (8255), text the Crisis Text Line at Text HOME to 741-741, call 911, or go to your local emergency room for additional assistance.

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Availability

*Please use this daily schedule to **mark your class times and work study** so we can set up your appointments to fit into both our schedules.

Monday	Tuesday	Wednesday	Thursday	Friday
8:00-8:50 ☐	8:00-9:15 ☐	8:00-8:50 ☐	8:00-9:15 ☐	8:00-8:50 ☐
9:00-9:50 ☐	9:30-10:45 ☐	9:00-9:50 ☐	9:30-10:45 ☐	9:00-9:50 ☐
10:00-10:50 CHAPEL		10:00-10:50 CHAPEL		10:00-10:50 ☐
11:00-11:50 ☐	11:00-12:15 ☐	11:00-11:50 ☐	11:00-12:15 ☐	11:00-11:50 ☐
12:00-12:50 ☐	12:30-1:45 ☐	12:00-12:50 ☐	12:30-1:45 ☐	12:00-12:50 ☐
1:00-1:50 ☐		1:00-1:50 ☐		1:00-1:50 ☐
2:00-2:50 ☐	2:00-3:15 ☐	2:00-2:50 ☐	2:00-3:15 ☐	2:00-2:50 ☐
3:00-3:50 ☐		3:00-3:50 ☐		3:00-3:50 ☐
4:00-4:50 ☐	3:30-4:45 ☐	4:00-4:50 ☐	3:30-4:45 ☐	4:00-4:50 ☐
5:00-6:15 ☐	5:00-6:15 ☐	5:00-6:15 ☐	5:00-6:15 ☐	5:00-6:15 ☐
6:30-7:45 ☐	6:30-7:45 ☐	6:30-7:45 ☐	6:30-7:45 ☐	6:30-7:45 ☐

Referral Information

Who referred you to our office?

☐ Self ☐ Faculty/Staff ☐ Nurse/Doctor

☐ Friend ☐ Residence Life Staff ☐ Other: _____

☐ Parent/Relative ☐ Dean of Students Office

Name: _____

Do we have permission to confirm your appointment to the one who referred you? ☐ Yes ☐ No

*If yes, please sign below:

Your signature: _____

(This permission allows us to reveal only that you followed up on the referral with this appointment)

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Previous Counseling Experience

Have you ever had previous counseling or therapy? ☐ No ☐ Yes

If yes, where? _____

Were you satisfied? ☐ Yes ☐ No Beginning and end date?_____

Are you presently receiving counseling or therapy from some person or agency?

☐ No ☐ Yes If so, where? _____

Medical Information

It is known that many medications often affect people's behavior. Based upon that, it helps to know if you are currently taking medications: ☐ No ☐ Yes

Please list medication and dosage: _____

Who prescribed it for you? _____

Do you have a physical disability? ☐ Yes ☐ No If so, please describe:

When was your last physical examination? _____

Do you have health insurance coverage? ☐ Yes ☐ No

Potential Concerns

Please check any of the following that may pose a problem or difficulty for you or your family:

☐ Academic/study problems
☐ Alcohol or drugs
☐ Anger problems
☐ Anxiety problems
☐ Death, among family/friend
☐ Depression
☐ Eating disorder
☐ Emotional abuse
☐ Family issues
☐ Family violence
☐ Fear/phobia
☐ Gambling
☐ Illness (mental)
☐ Illness (physical)
☐ Job unhappiness
☐ Lack of effective communication
☐ Lack of income
☐ Marital problems
☐ Physical abuse
☐ Relationship difficulties
☐ Self-esteem
☐ Self-harm
☐ Sexual abuse
☐ Sexual issues
☐ Spiritual issues
☐ Trouble with the law
☐ Verbal abuse

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Please state briefly what prompted you to seek SBU Counseling Services and what you hope to accomplish:

I understand that all information related to my treatment is confidential. I further understand that the clinical staff is required by law to release information to other appropriate sources in the following situations: 1) there is a reasonable suspicion I will do harm to myself. 2) there is a reasonable suspicion I will do harm to others, and 3) there is a reasonable suspicion of physical or sexual abuse of a minor, the elderly, or abuse of a vulnerable adult, 4)court subpoena of University records. I hereby acknowledge and consent to psychological treatment as deemed appropriate by the clinical staff of the Counseling Services of Southwest Baptist University. I understand that my counselor may consult with the other professional staff members of Counseling Services for the purpose of providing me the best possible service to meet my needs. By signing this form, I acknowledge that I have read, understand, and agree to the above conditions for counseling services.

Signature: _____ Date: _____

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