University of Rochester Counseling Center

INTAKE FORMS PACKET

Included in this Packet

(1) Information & Consent Form (2 copies, pp. 2-5)
(2) Intake Questionnaire (pp. 6-7)
(3) AUDIT Questionnaire (p 8)

Instructions

Before your Appointment:

(1) Read and Sign/Date the ***Office Copy*** of the **Information & Consent Form** (Keep the *Student Copy* that is printed for you)
(2) Complete the **Intake Questionnaire**

Bring to your Appointment:

(1) The signed *Office Copy* of the **Information & Consent Form**
(2) The completed **Intake Questionnaire, AUDIT, and CCAPS**

REV 8/7/18

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UNIVERSITY OF ROCHESTER - UHS **CONFIDENTIAL** CLIENT COPY
UNIVERSITY COUNSELING CENTER

INFORMATION AND CONSENT FOR ASSESSMENT AND TREATMENT

Name _____ Date of Birth _____

ID# _____

Services Provided

As a subscriber to the University of Rochester Student Health Program, you are eligible to receive a comprehensive mental health assessment, an individualized treatment plan, and support to put the plan into action from the University Counseling Center (UCC). The goal of the assessment process is to determine the best course of treatment for you. The type and extent of services that you will receive will be determined following the assessment and discussion with your counselor. The treatment plan may include: UCC group or workshop, individual brief therapy at UCC, Therapist Assisted On-Line (TAO), psychiatry services at UCC/UHS, case management, referrals for longer term therapy or specialized treatment with a community provider, and/or referrals to other campus resources.

A range of mental health professionals provides UCC services. All professionals-in-training are supervised by licensed staff. A listing of all UCC supervisors is provided at the end of this document.

Psychotherapy can have both risks and benefits. Psychotherapy may elicit uncomfortable thoughts and feelings. However, psychotherapy can also lead to better interpersonal relationships, improved academic performance, solutions to specific problems and reductions in your feelings of distress. There is no assurance of these benefits.

Confidentiality

In keeping with ethical standards of our professional staff as well as state and federal law, all services provided by the staff of UCC are kept confidential except as noted below. All information shared with the clinicians at UCC is confidential. No information will be released without your consent. UCC treatment records are electronic and stored on a secure server as part of your UHS treatment records. Access to UCC records by UHS providers and vice versa is done only on a need to know basis for purposes of collaborative care (e.g., referral for medication, evaluations for eating disorders, etc.). In all other circumstances, consent to release information is given through written authorization. Verbal consent for limited release of information may be necessary in special circumstances. There are specific and limited exceptions to this confidentiality which include the following:

A. When there is risk of imminent danger to myself or to another person, the clinician is ethically bound to take necessary steps to prevent such danger.
B. When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, the clinician is legally required to take steps to protect the child, and to inform the proper authorities.
C. When a valid court order is issued for medical records, the clinician and the agency are bound by law to comply with such requests.
D. If you consent to participate in Therapist Assisted On-Line (TAO) treatment, TAO Tech Support will have some identifying information while you are in treatment so that it can provide technical support and facilitate interaction with your counselor via video conference. Identifying information includes your name, e-mail address and telephone number. When you have completed the treatment this identifying information will be de-identified.
E. UCC does not provide clinical information or release records to government agencies, current or future employers or others, *even with your permission*. We highly recommend that you talk with your therapist about the potential consequences of releasing your own records for purposes other than continuity of care by other health care professionals. We will, at your request, provide clinical information to another health professional for the purposes of your further treatment.

Counseling Policies

Although UCC tries to arrange initial assessments promptly, longer wait times are common during busy periods of the year. If you consider your situation an emergency that will not allow a delay, please inform our staff. For after-hours urgent needs, call our main number at 585-275-3113 and request to speak to the Counselor On-Call. Please be sure to wait for the return call which will appear on your phone as an unidentified number or 000-0000. If you have an emergency where you or someone else is at risk, call Public Safety at *13 from any U of R phone (if on campus) or dial 911 (if off campus) or go to the nearest emergency room.

Many issues typically encountered by university students can be addressed with the brief therapy we provide. Your initial comprehensive assessment will be devoted to defining your concerns, developing a treatment plan, and determining whether UCC or other university partners can meet your needs. If at any point it is determined that other services are more suitable, we will help you obtain assistance from appropriate off-campus providers utilizing your comprehensive healthcare insurance that is required while attending UR.

Non-compliance with the plan we develop to assist you may result in the termination of services.

UCC therapists routinely record individual and group sessions. These recording(s) will be used only for training and supervision purposes within UCC. The professionals involved will respect and protect the confidential nature of the sessions. The recordings will be the property of the University Counseling Center, are stored on a secure network and deleted on a regular basis. If you object to being recorded, it will in no way jeopardize your relationship with the University Counseling Center, but may result in having to change therapists.

Appointment Accountability

Both UHS/UCC utilize a text messaging appointment reminder service. This is a generic message that you have an appointment and to acknowledge that you will be keeping the appointment or need to cancel. You must have text service to receive this message. If you wish to opt out, you'll need to respond "stop" to the text message.

Please arrive on time for your appointments. Missed appointments reduce our capacity to provide services to you and other students. If you are unable to keep your appointment, please call to cancel as far in advance as possible. No-showing or canceling appointments with less than 24 hours' notice more than two times may result in discontinuation of UCC based services. In the event of a cancellation or no-show, you are responsible for confirming or scheduling your next appointment.

UHSConnect

In order to assure your privacy, UCC staff communicate with students via UHSConnect. This is a secure web portal fully integrated in the UHS/UCC electronic health record. UHSConnect is designed to provide secure NON-URGENT e-communications between UCC/UHS providers and you. You can access UHSConnect on your computer or mobile device. UCC will contact you, if needed, primarily through UHSConnect. You will be sent a generic e-mail alerting you that you have a message waiting. We highly recommend that you register for UHSConnect. If you are not registered, please ask the receptionist for details.

Disability Accommodation Assistance

Although UCC does not provide documentation, diagnosis or recommendations for disability accommodations, we will help provide referral help and information about other campus or community resources that could assist in this process.

If you have any questions regarding this consent form or about the services offered at UCC, you may discuss them with your therapist.

University Counseling Center Supervisors

Brigid Cahill, Ph.D., Director
Scott Kaplan, Ph.D.
Dagmar Kaufmann, Ph.D.
Ronke Lattimore Tapp, Ph.D.
Kelly Willson, Ph.D.
Meg White, Psy.D.
Felicia Reed-Watt, LCSW
Mike Kemp-Schneider, LMSW
Vanessa Peavy, LCSW

I have read and understand the above information. I consent to participate in a comprehensive initial assessment which will result in an individualized treatment plan. This may include referral to group therapy, case management, workshops, brief individual therapy, referral to campus or community agencies and more. I understand that I may stop treatment at any time.

_____ _____

Signature Date

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_____ _____

Signature Date

University of Rochester Counseling Center (UCC)
Student Information Form (18/19)

First Name:_____ MI:_____ Last: _____

Birth date:_____/_____/_____ Current Age: _____ Student ID#: _____
Month Day Year

SECTION A: STUDENT INFORMATION

PREFERRED NAME: _____ **GENDER IDENTITY/SEXUAL ORIENTATION:** _____

ETHNICITY: ☐ African American ☐ American Indian/Eskimo ☐ Asian American ☐ Caucasian ☐ Hispanic ☐ Mexican American
☐ Multi-Ethnic ☐ Native Hawaiian/Pacific Islander ☐ Puerto Rican ☐ Other _____
☐ International (list your country):_____

RELATIONSHIP STATUS:

☐ Single ☐ Partnered ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other (specify): _____

CONTACT INFORMATION (check all that apply):

Cell Phone #:_____ ☐ OK to phone ☐ OK to leave message
Home or other Phone #:_____ ☐ OK to phone ☐ OK to leave message

We highly recommend that you sign up for UHSConnect. This is a secure web based program that you can access on your computer or mobile device and allows both UHS and UCC providers to confidentially communicate with you. UCC will contact you, if needed, primarily through UHSConnect. You will be sent a generic e-mail alerting you that you have a message waiting. If you are not signed up, ask the receptionist for details.

ACADEMIC STATUS:

☐ 1st year ☐ SO ☐ JR ☐ SR ☐ Take 5 ☐ Student's Spouse/ Partner ☐ Medical Student
☐ Graduate Student If you are a GRADUATE STUDENT, please specify the type of degree: ☐ Masters Doctorate
☐ Other _____

ACADEMIC INFORMATION:

Major/Academic Department_____ enrolled primarily at ☐ River Campus ☐ ESM ☐ SMD/MCO
Number of Credits this Term _____

REFERRED BY: (check all that apply)

☐ Self ☐ Academic Advisor ☐ CARE ☐ Dean ☐ Friend ☐ Parent ☐ Spouse/Partner
☐ UHS ☐ Medical Provider ☐ Other (specify) _____

HEALTH INSURANCE COVERAGE:

☐ AETNA Student Health (University Plan) ☐ Private Insurance (specify name of insurance plan) _____

SECTION B: PRESENTING CONCERNS

Briefly describe what brings you to the University Counseling Center (UCC)?:

During the past year, what kind of stressors have you had?:

Approximately how long has this concern been bothering you?

☐ Day ☐ Week ☐ Month ☐ Several months ☐ Year ☐ Several years ☐ Most of my life

Approximately how many counseling sessions do you think you will need?

☐ 1-3 sessions ☐ 4-6 sessions ☐ 7-9 sessions ☐ 10+

SECTION C: MENTAL HEALTH HISTORY

Have you received counseling or psychotherapy in the past (check all that apply):

☐ Never ☐ Prior to high school ☐ High school ☐ after High School ☐ at UCC

Previous therapist(s)/treatment facility(s):

Have you ever participated in group therapy? ☐ Yes (specify below) ☐ No

If YES, where, and what was the focus of the group(s):

Have you purposely injured yourself without suicidal intent? (e.g., cutting, hitting, burning, etc.) ☐ Yes ☐ No

If YES, please explain:

Have you made a suicide attempt? ☐ Yes (specify below) ☐No

If YES, please describe when and the nature of the attempt:

Do you have concerns regarding substance use? ☐ Yes ☐ No ☐ Not Applicable

Would you be interested in a conversation with a substance use specialist? ☐Yes ☐ No

SECTION D: FAMILY

Family Information: Complete for all members of your family, **including yourself**. Circle your own rank among the siblings (1st, 2nd, 3rd, etc.)

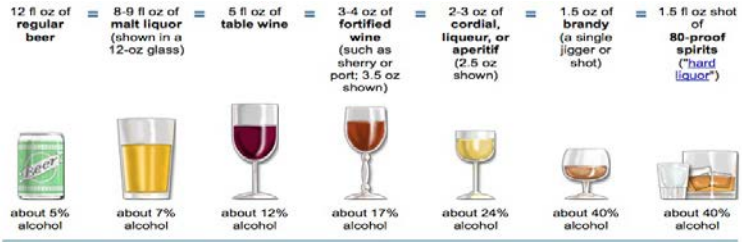
	Relationship	Marital Status	Living or Deceased	Age	Sex	Occupation	Education
Family Of Origin	Parent 1						
	Parent 2						
	Parent 3						
	Parent 4						
	1st Sibling						
	2nd Sibling						
	3rd Sibling						
	4th Sibling						
Others living in Family Home							
Current Family	Spouse/Partner						
	1st Child						
	2nd Child						

Thank you for completing the Intake Questionnaire.

YOUR NAME:_____ **DATE:** _____ **DOB:** _____

Alcohol Use Disorders Identification Test (AUDIT)

Please respond to these questions about your use of alcoholic beverages. Standard drink sizes are shown in the pictures below. Place an X in one box that best describes your answer to each question.



	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	**Total for #'s 1-3**
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No	Yes, but not in the last year	Yes, during the last year			
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No	Yes, but not in the last year	Yes, during the last year			**Total**

11. Do you use other drugs? (e.g. Heroin, Marijuana, Cocaine)	Never	Daily	Weekly	Monthly	