



Welcome to Counseling Services at SFA!

Your first appointment is an initial 30 minute consultation session to complete paperwork, discuss with the clinician the reason you're seeking services, and make a schedule for your counseling sessions.

1. Please complete the front and back of each of the green sheets stapled in this packet.
2. Please read, initial, sign and date the Client-Counselor Agreement.
3. Please give all your paperwork to your counselor when he or she comes to the waiting area to walk you into your appointment.

Stephen F. Austin State University-Counseling Services Intake

Name: _____ Date: _____

DOB: _____ Age: ___ Student ID #: _____ Phone #: _____ OK to Contact? Y/N

College/Local Address—Residence Hall & Room No: _____

Permanent Address: _____

Classification: (Please Circle) Freshman (1-29 hrs) Sophomore (30-59 hrs) Junior (60-89 hrs) Senior (90+hrs) Masters
Doctoral Not Currently Enrolled

Department of Major—or specify Graduate Program: _____

Gender: Male ___ Female ___ Non-Binary ___ Prefer to self-describe ___ Prefer not to answer ___

Do you identify as transgender? Yes/No/Prefer not to answer (Circle One)

Preferred pronoun: She/her/hers ___ He/him/his ___ They/them/theirs ___ Ze/hir/hirs ___ Other ___

Ethnicity: Are you Hispanic American/Latino/a? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race): Yes/No

Race: Please select the racial category or categories with which you most closely identify.

Check all that apply: American Indian or Alaska Native ___ Asian ___ Black or African American ___
Native Hawaiian or other Pacific Islander ___ White ___ Other ___

Are you an international student? Yes/No **Country of Origin:** _____

Are you a former/current (circle one) U.S. military service member? Yes/No (circle one)

Are you enrolled in the ROTC program? Yes/No (circle one)

Relationship Status: Single/Serious relationship/Domestic Partnership/Married/Separated/Divorced (circle one)

Who referred you to SFA counseling services?

Self-referral ___ Faculty/Staff ___ Residence Hall Staff ___ Parent/Family Member ___ Friend/Significant Other ___
Health Clinic ___ Disability Services ___ Office of Student Rights and Responsibilities ___ Other ___

Referring Party Name: _____

Have you seen a mental health professional (including SFA Counseling Services) before coming to SFA Counseling Services? Yes/No

Briefly note any previous or current counseling, name, & contact information of previous/current mental health professional:

Please list any medications you are currently taking: _____

Please describe what brings you in: _____

Stephen F. Austin State University-Counseling Services Intake

How distressed are you today: (Please circle) Not at all A little Moderately A lot

What counseling services are you interested in?

One time counseling session ____ Recurring individual counseling ____ Couples counseling ____ Group ____
Other: _____

Please check all of the following concerns that are a problem for you:

- | | | |
|---|--|--|
| <input type="checkbox"/> Academics | <input type="checkbox"/> Health/Medical Issues | <input type="checkbox"/> Suicidal Thoughts (In the Past)** |
| <input type="checkbox"/> Adjusting to College | <input type="checkbox"/> Homesickness | <input type="checkbox"/> Suicide Attempt (In the Past)** |
| <input type="checkbox"/> Alcohol & Other Drug Use** | <input type="checkbox"/> Internet/Social Media Usage | When did these attempt(s) occur? |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Memory Problems | _____ |
| <input type="checkbox"/> Anxiety | | _____ |
| <input type="checkbox"/> Attention/Concentration | <input type="checkbox"/> Obsessive Thoughts/
Compulsive Behaviors | <input type="checkbox"/> Thoughts of Harming Someone Else |
| <input type="checkbox"/> Body Image | <input type="checkbox"/> Pornography | |
| <input type="checkbox"/> Bullying/Harassment | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Time Management |
| <input type="checkbox"/> Career | <input type="checkbox"/> Relationship Issues | <input type="checkbox"/> Traumatic Event (Please explain) |
| <input type="checkbox"/> Childhood Abuse** | <input type="checkbox"/> Relationship Violence/Abuse** | _____ |
| <input type="checkbox"/> Depression/Mood | <input type="checkbox"/> Self-Mutilation/Injury | Other Concerns |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Sexual Abuse/Incest** | _____ |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Sexual Assault** | _____ |
| <input type="checkbox"/> Family | <input type="checkbox"/> Sexual Orientation | _____ |
| <input type="checkbox"/> Finances | <input type="checkbox"/> Sleep Problems | |
| <input type="checkbox"/> Gaming | <input type="checkbox"/> Social Interactions | |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Spiritual Concerns | |
| <input type="checkbox"/> Grief | <input type="checkbox"/> Suicidal Thoughts (Current)** | |
| <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Suicide Attempt (Recent)** | |

Stephen F. Austin State University-Counseling Services Intake

Counseling Services Client-Counselor Agreement

What is counseling?

- Counselors help people make fundamental changes in ways of thinking, feeling, and behaving. In order for counseling to be effective, you will be expected to take an active, collaborative role in the counseling process. While our sessions may deal with emotional and psychological issues, you will be best served if our relationship is professional, rather than personal, and concentrate exclusively on your concerns. Ethical guidelines dictate that we avoid a social relationship while you are receiving counseling.

Goals and Techniques

- As counselors, our job is to be unbiased and as objective as possible. We focus on your emotional well-being and growth. We work with you to identify and help you modify behaviors and patterns that may be destructive for you and/or for others.
- We assist you in obtaining information and insight to achieve your goals.
- We provide individual, group, couple, and family counseling as appropriate for your needs.
- With your agreement, techniques such as homework are often used (we will explain any proposed technique to you).

Risks and Benefits of Counseling

- There are risks and benefits in participating in counseling. The changes you make may result in new choices in many areas of life, with both positive and disruptive outcomes, in areas such as academics, career, and relationships.

Client Rights

- The right to impartial access to counseling regardless of gender, ethnicity, race, sexual orientation, gender identity, age, religious beliefs, social/economic class, outward appearance, body shape/size, disability, impairment, or political ideology
- The right to ask questions about the process of counseling and procedures used at Counseling Services
- The right to information regarding counselor credentials and training
- The right to expect that all information disclosed in counseling will be kept confidential with the exceptions described in the "Counselor-Client Agreement"
- The right to participate in the planning of my counseling services
- The right to request a different counselor from the one assigned – see limitations under "Appointments" (next page).
- The right to terminate counseling at any time
- The right to file a grievance about services offered and/or received

Grievance Procedure for Counseling Services

- If you have an issue with your counselor, we encourage you to discuss this with your counselor. Part of the therapeutic process is to maintain open communication about your progress in counseling.
- If you are dissatisfied with the result, or if your grievance is not with your counselor, you may contact the Director of Counseling Services at (936)468-2401 and/or the Assistant Dean of Student Support Services at (936)468-6300.

*****Our counselors are licensed by the State of Texas and may be certified through the National Board of Certified Counselors. At times our staff includes both state licensed associates and interns that are under the supervision of a state board approved supervisor. In addition to this, at times graduate interns may also be serving students in some capacity and they too are supervised by the Counseling Services staff and their faculty. The supervision process is meant to evaluate our performance as clinicians and identify ways we can better serve you.*****

To File an ethical complaint against a Licensed Professional Counselor (LPC), contact:	To File an ethical complaint against a Licensed Marriage and Family Therapist (LMFT), contact:	To File an ethical complaint against a National Certified Counselor (NCC), contact:
Texas State Board of Examiners of Professional Counselors Complaint Management and Investigation Section P.O. Box 141369 Austin, TX 78714-1369 1-800-942-5540 http://www.dshs.state.tx.us/counselor/lpc_complaint.shtm	Complaints Management and Investigative Section P.O. Box 141369 Austin, Texas 78714-1369 Telephone: 1-800-942-5540	National Board of Certified Counselors Ethics Department 3 Terrace Way Greensboro, NC 27403 1-336-547-0607 ethics@nbcc.org Attn: Ethics Officer

Consent to Participate in Counseling

Client Initials

The following terms apply to adult clients. If you are under the age of 18, different guidelines will apply. The counselor will discuss this with you.

A) Confidentiality:

I understand that no information about my counseling will be released outside of Counseling Services to anyone without my written authorization with the following exceptions:

- When there is the risk of imminent harm to myself or another person, my counselor reserves the right to take reasonable action to protect life by informing law enforcement or medical personnel.
- When a court of law orders a counselor to release information, my counselor is bound by law to comply with such an order.
- If my counselor has reason to believe that a child, elderly, or disabled person is in danger of being physically, emotionally, or sexually abused, then my counselor is obligated by law to report such abuse to the proper authorities.
- If I disclose any ethical violations, including sexual misconduct, by another mental health professional, my counselor may be required to file a report.
- I am aware that email is not a secure method of contacting Counseling Services. For confidential communication, I will contact Counseling Services by phone or in person.
- To maintain my confidentiality, my counselor will refrain from initiating contact with me in a public setting. _____

B) Counseling Files

- I am aware that records are kept on each interview or contact with a counselor.
- My counseling records are **not** part of my educational records at SFA.
- I understand that Counseling Services uses an electronic record-keeping system which is considered to be highly secure, and that only professional staff members of Counseling Services are permitted access to these records. Information Technology Services has access to the electronic recordkeeping system for maintenance purposes only. Every effort is made to protect the confidentiality of all counseling records.
- Counseling Services reception desk staff has access to information related to scheduling only, **not** file records.
- I understand that my counselor may consult with his or her supervisor or with the other professional staff members of Counseling Services for the purpose of providing me the best possible service to meet my needs. _____

C) Appointments

- Counseling services offers both group and individual counseling by appointment.
- I agree to make every effort to keep all scheduled appointments and be on time.
- If I am unavailable to attend a session, I will call Counseling Services at 936-468-2401 to cancel the appointment as far in advance as possible (24 hours in advance is helpful).
- If I miss an appointment without notifying counseling services, my subsequent appointments will be cancelled. In order to reschedule, I will call the Counseling Office.
- Initial consultations are approximately 30 minutes, and individual counseling sessions are 50 minutes.
- I understand I am to turn off all electronic devices for the duration of my session. I will inform my counselor before my session if there is a need to answer a call in session.
- I understand if I am not comfortable with the working relationship with my current counselor, I have the right to request a transfer to another counselor. Following this, if an additional transfer is necessary, I may discuss my request with my counselor and/or the Director of Counseling Services. _____

D) Fees and Eligibility:

- I understand that services offered by Counseling Services are available to currently enrolled full- and part-time SFA students.
- I understand that these counseling services are offered at no charge to students.
- I give my permission for Counseling Services to verify current enrollment status at SFA. _____

E) Clarification:

- I have asked my counselor for any needed clarification of the procedures and conditions mentioned in this consent statement. I am satisfied by the explanations, and agree to abide by the conditions of this consent. _____

Acknowledgement and Consent to Participate

- I have read and understood the Counselor-Client Agreement described above, and a copy was provided to me. I consent to participate in the counseling process. I understand that I may cease to attend counseling sessions at any time.

Client's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

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