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 all of the forms in this packet.
   a. Pages 2-3 are the Intake forms. Please complete both.
   b. Page 4 is a treatment track form. Please select the level of your concern.
   c. Pages 5-6 sheets are Client-Counselor Agreement forms. Read the agreement and initial next to each section on page 6. Also sign and date.
   d. Pages 7-8, marked Client Copy, are yours to keep.

2. Please bring completed paperwork to your initial consultation appointment, check-in at room 332 on the 3rd floor of the Rusk building, and let the front desk staff know you have your completed paperwork. Give completed 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

1) Name ____________________________________________________ 2) Date ______________________

3) Date of Birth ____________________ 4) Age _______ 5) Student ID# ______________________

6) Phone Number (___) ______________________ May we contact this number? Yes No

7) College (Local) Address—Residence Hall & Room No. ___________________________________

or off-campus: ____________________________________________________________

Street ____________________ City ____________________ State ______ Zip ______

8) Emergency Contact: Name __________________________________ Relationship ______________________

Phone (___) ______________________ Address __________________________________________

Street ____________________ City ____________________ State ______ Zip ______

9) Classification: Freshman(1-29 hrs)_____ Sophomore(30-59 hrs)_____ Junior(60-80 hrs)_____ Senior (90+hrs)_____ Masters ___ Doctoral ___ Not Currently Enrolled ___

10) Department of Major (Please Circle) – or specify Graduate Program ______________________

Accounting Kinesiology/Health Science (incl. Dance)

Agriculture Liberal Studies

Anthropology, Geography, & Sociology, Management, Marketing, & Intl. Business
Sustainable Community Development

Applied Arts & Sciences Mass Communications
Art Mathematics & Statistics
Biology Modern Languages
Business Comm. & Legal Studies Multidisciplinary Programs
Chem & Biochem Music
Communication Studies Nursing
Computer Science (incl. CIS, Info Tech) Philosophy
Criminal Justice Physics
Economics & Finance Political Science
Elementary Ed./Interdisciplinary Studies Psychology
English & Creative Writing Social Work
Environmental Science Theatre
Forestry & Spatial Science Undecided
Geology Pre-professional/Law/Engineering/Health (in

History

Human Sciences (Interior Dsgn, Hospitality,
Human Services (Rehab, Visual Impairment, Special
Ed, Communication Disorders, & Deaf Ed)

11) Gender: Male ____ Female ____ Non-Binary ____ Prefer to self-describe ____ Prefer not to answer ____

12) Do you identify as transgender? Yes ______ No (Circle One) ______

13) Preferred pronoun: She/her/hers____ He/him/his____ They/them/theirs____ Ze/hir/hirs____ Other____
14) 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

15) 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

16) Are you an international student?  Yes  No  Country of Origin ___________________________

17) Are you: a former U.S. military service member?  Yes  No  Enrolled in the ROTC program?  Yes  No

18) Relationship Status: Single  Serious dating/committed relationship  Married  Domestic Partnership or equivalent  Separated  Widowed  Divorced

19) Did either of your parents (or legal guardians) graduate from college?  Yes  No

20) How did you learn about SFA Counseling Services? (Check all that apply)
   brochure  friend  family  faculty/staff  Health Clinic  Orientation
   program/presentation  SFA101  SFA website  other

21) 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 ___________________________

22) Have you been a client at SFA Counseling Services previously?  Yes  No

23) Have you seen a mental health professional before coming to SFA Counseling Services? Yes  No
   Briefly note any previous or current counseling, name, & contact information of previous/current mental health professional ___________________________

24) Please list any medications you are currently taking ___________________________

25) Please check all of the following concerns that are a problem for you: **u18c
   ______ Academics  ______ Health/Medical Issues  ______ Suicidal Thoughts (In the Past)**
   ______ Adjusting to College  ______ Homesickness  ______ Suicide Attempt (In the Past)**
   ______ Alcohol & Other Drug Use**  ______ Internet/Social Media Usage  When did these attempt(s) occur?
   ______ Anger Management  ______ Memory Problems
   ______ Anxiety  ______ Obsessive Thoughts/Compulsive Behaviors
   ______ Attention/Concentration  ______ Pornography
   ______ Body Image  ______ Relationship Issues
   ______ Bullying/Harrassment  ______ Relationship Violence/Abuse**
   ______ Career  ______ Self-Mutilation/Injury
   ______ Childhood Abuse**  ______ Sexual Abuse/Incest**
   ______ Depression/Mood  ______ Sexual Assault**
   ______ Disability  ______ Sexual Orientation
   ______ Eating Disorder  ______ Sleep Problems
   ______ Family  ______ Social Interactions
   ______ Finances  ______ Spiritual Concerns
   ______ Gaming  ______ Gender Identity
   ______ Grief  ______ Suicidal Thoughts (Current)**
   ______ Hallucinations  ______ Suicide Attempt (Recent)**

   Other Concerns ___________________________
To help us determine which type of treatment track fits your needs, please read the levels and select your level of concern.

<table>
<thead>
<tr>
<th>Level 1: One-Time Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am NOT interested in starting counseling. I am coming for the following reason (Check One).</td>
</tr>
<tr>
<td>☐ I have a specific concern or question that can be resolved in a single appointment.</td>
</tr>
<tr>
<td>☐ I need to make a major life decision in the next 2-3 days.</td>
</tr>
<tr>
<td>☐ I am concerned about someone else (a friend, roommate, etc.).</td>
</tr>
<tr>
<td>☐ I am seeking a referral for counseling elsewhere or medication.</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Level 2: On-Going Counseling</th>
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<tbody>
<tr>
<td>Examples:</td>
</tr>
<tr>
<td>- I am experiencing anxiety and/or stress.</td>
</tr>
<tr>
<td>- I feel depressed and/or have low mood/energy.</td>
</tr>
<tr>
<td>- I am concerned about my alcohol and/or drug use.</td>
</tr>
<tr>
<td>- I am having difficulty adjusting to a recent change.</td>
</tr>
<tr>
<td>- I am having relationship(s) problems.</td>
</tr>
<tr>
<td>- I am unsure about something significant in my future.</td>
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<tr>
<th>Level 3: Urgent</th>
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<tbody>
<tr>
<td>Examples:</td>
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<tr>
<td>- Someone close to me has recently received a serious diagnosis or died.</td>
</tr>
<tr>
<td>- I have recently been physically or sexually assaulted.</td>
</tr>
<tr>
<td>- I am hearing voices or seeing things other people do not.</td>
</tr>
<tr>
<td>- I have recently been discharged from a psychiatric hospital.</td>
</tr>
<tr>
<td>- I am in such emotional distress I have not been able to meet my daily responsibilities.</td>
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<tr>
<th>Level 4: Emergency</th>
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<tr>
<td>Examples:</td>
</tr>
<tr>
<td>- I am concerned about my ability to keep myself safe.</td>
</tr>
<tr>
<td>- I have a current plan to attempt suicide.</td>
</tr>
<tr>
<td>- I have taken recent steps to end my life.</td>
</tr>
<tr>
<td>- I may physically hurt someone else.</td>
</tr>
<tr>
<td>- I have a strong desire to harm someone else.</td>
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</tbody>
</table>

Please describe what brings you in: ____________________________________________

How distressed are you today? Not at all A little Moderately A lot
Stephen F. Austin State University
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 graduate interns, who are supervised by the Counseling Services staff and their faculty.

<table>
<thead>
<tr>
<th>To File an ethical complaint against a Licensed Professional Counselor (LPC), contact:</th>
<th>To File an ethical complaint against a National Certified Counselor (NCC), contact:</th>
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</table>
| **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 | **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

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:______________________

Rev. 8-25-17
Stephen F. Austin State University
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Acknowledgement and Consent to Participate
- I have received, read, and understood the concepts of the Grievance Process and the Counselor-Client Agreement. A copy was provided for me.
- I have read and understood the information described above and 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: ___________________________