

**LOUISIANA DELTA COMMUNITY COLLEGE
STUDENT COUNSELING-DISABILITY SERVICES (SC-DS)**

COUNSELING SERVICES INTAKE FORM

Personal Information:

Name _____ Campus ID _____

Address _____ Phone # _____

Email Address _____ DOB _____

Marital Status _____ Children Yes No If so, number _____

Employment _____

Emergency Contact Information _____

Academic Information:

Major _____ Classification _____

Please provide the following information:

Referred by Self Friend Family Faculty Staff Healthcare Provider Other

Have you previously been involved in counseling? Yes No If so, where and by whom?

Are you currently prescribed medication? Yes No If so, provide name/purpose.

Medical Condition(s) Yes No If so, please describe _____

Reasons for Seeking Service Personal Academic Other _____

Additional information you would like your counselor to know: _____

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INFORMATION, DISCLOSURE, AND CONSENT FORM

WELCOME: Student Counseling-Disability Services welcomes you as a potential client. We believe it is important for you to be informed about the nature of counseling, the policies and procedures governing the help you will receive here, and your rights as a client. At the end of this statement, you will provide your signature indicating your general consent to counseling.

COUNSELING: Counseling refers to the form of assistance that addresses various types of personal and family distress such as depression, anxiety, adjustment difficulties, or relational conflicts. The goals of counseling range from the relief of symptoms to significant life changes based on acquiring a better understanding of one's personal, interpersonal, and social circumstances. Counselors work within the standards and ethical guidelines of state licensing laws and professional associations. Counseling is not provided through email or other electronic means.

COUNSELING PROCESS: Counseling begins with an intake process designed to evaluate your needs and difficulties and to help you and the counselor make a decision about your engagement in the counseling process. If you or the counselor believes someone else could better meet your needs, a referral will be initiated. Treatment is guided by a treatment plan that both you and your counselor both agree to pursue. Counseling ends when the goals are met or when you decide to terminate.

COUNSELING POLICIES AND PROCEDURES:

Your Rights as a Client: You have a right to be treated in a professional, respectful, competent, and ethical manner consistent with the limits of state and federal law. These rights include informing you of the purposes, goals, techniques, procedures, limitations, potential risks and benefits of services to be performed, and other pertinent information. Clients have the right to expect confidentiality and to be provided with an explanation of its limitations, to obtain clear information about their case records, to participate in the ongoing counseling plans, and to refuse any recommended services and be advised of the consequences of such refusal. Counselors shall offer clients the freedom to choose whether to enter into a counseling relationship and to determine which professional will provide counseling.

Confidentiality: Information given to your counselor will be kept strictly confidential and will not be revealed to other persons without your written permission, except when mandated by state and federal statutes. By law, there are circumstances by which a counselor must report information to the appropriate persons or agencies. These circumstances include: 1) if you threaten grave, bodily harm to yourself or someone else; 2) if you reveal information about child, elder, disabled or dependent adult or parental abuse; or 3) if ordered by a court of law. In all other instances, your written permission is required before your counselor can reveal information about your treatment.

Appointments and Cancellations: All appointments are made with your counselor. If you are unable to keep a scheduled appointment, please notify your counselor as soon as possible.

Emergency Contact: Counseling services are available for students in the event of an emergency. If necessary, Student Counseling-Disability Services may serve as a referral agent to off-campus agencies such as hospitals, facilities, or private practitioners that are deemed most appropriate. Should a referral occur, Student Counseling-Disability Services no longer acts as the primary caregiver. In the event of an emergency *on campus*, call 318-345-9152 (Student Counseling-Disability Services) or 318-345-9105 (Facilities Security Coordinator). If an emergency occurs *off campus*, you should call 911 or proceed to the nearest emergency room.

Clients Served by Others: If a client is receiving counseling services from another mental health professional, counselors, with the client's consent, shall inform the professional already involved and develop clear agreements to avoid confusion and conflict for the client.

Cost of Services: Services received through this department are free of charge to currently enrolled students of Louisiana Delta Community College. If it is determined the issue presented by the client is beyond our professional capacity, we will assist in making an appropriate referral.

I have read the information contained in this Information, Disclosure and Consent Form and consent to treatment as described in this form.

Client: _____ **Date:** _____