



LAKE FOREST COLLEGE

2009-2010

Providing information is voluntary and it is for Health & Wellness Center use only. The information you do provide below is used to help us understand your concerns and provide the best service for you. All information shared is confidential.

Name _____ Birth Date ____ / ____ / ____ Age ____ Gender: F M Date _____

Campus Address _____ Campus Phone # _____ Cell Phone #: _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone # (____) _____ Email _____

Marital/Relationship Status _____ # of Children ____ Ages of Children _____

International Student ___Yes ___No If yes, what is your home country? _____

Student ID# _____ # of Course This Semester ____

Residence

- ___ Residence Hall
___ Campus Apartment
___ Off Campus (local)
___ Other

Living Situation

- ___ Alone
___ Roommate (s)
___ Partner/spouse
___ Parents

Academic Standing

- ___ First Year
___ Sophomore
___ Junior
___ Senior

Overall GPA: _____

Race/Ethnic Origin (Optional)

- ___ Black/African American
___ Asian/Pacific Islander
___ White/Caucasian
___ Hispanic/Latina(o)
___ Native American
___ Other (specify) _____

Religion: _____

Nonacademic Work (hr/wk) _____

Type of Work: _____

Team Sports: _____

Academic Major: _____

Minor(s): _____

Were you referred to Counseling Services? ___Yes ___No If yes, by whom? _____

Have you ever been seen at Counseling Services before? ___Yes ___No If Yes, by whom? _____

Do you have a preference for working with a Male or Female Counselor? ___Yes ___No Preference: Male Female

Is your counseling appointment because of legal or judicial issues? ___Yes ___No

Have you received counseling elsewhere? ___Yes ___No If Yes, where/when? _____

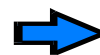
Are you currently taking any medications or herbal supplements? ___Yes ___No If yes, please indicate which herbs or medications and dosage you are taking:

Contact Information

May we contact you about appointment changes by telephone? ___Yes ___No Best way to reach you: ___ Cell ___ Home

Leave a phone message on your answering machine? ___Yes ___No Contact you by e-mail? ___Yes ___No

Leave a phone message with another person? ___Yes ___No Write you at your campus address? ___Yes ___ No



List of Current Concerns

Please rate how concerned you are about each of the following:

	Not at all	Little bit	Moderate	Quite a bit	Extremely		Not at all	Little bit	Moderate	Quite a bit	Extremely
Adjusting to college	0	1	2	3	4	Physical abuse	0	1	2	3	4
Alcohol/drugs	0	1	2	3	4	Relationships	0	1	2	3	4
Anger/conflict management	0	1	2	3	4	Religion	0	1	2	3	4
Anxiety/worry	0	1	2	3	4	Self-esteem	0	1	2	3	4
Assertiveness	0	1	2	3	4	Sexual abuse/assault	0	1	2	3	4
Communication	0	1	2	3	4	Sexual Orientation	0	1	2	3	4
Cutting/self-Injury	0	1	2	3	4	Sexuality	0	1	2	3	4
Depression	0	1	2	3	4	Sleep Problems	0	1	2	3	4
Decision making	0	1	2	3	4	Stress	0	1	2	3	4
Eating problems	0	1	2	3	4	Suicidal thoughts	0	1	2	3	4
Emotional abuse	0	1	2	3	4	Thoughts of hurting others	0	1	2	3	4
Expressing feelings	0	1	2	3	4	<u>Academic/Educational</u>					
Financial problems	0	1	2	3	4	Choosing a major	0	1	2	3	4
Goal setting/attaining	0	1	2	3	4	Grades/probation	0	1	2	3	4
Grief	0	1	2	3	4	Learning disability	0	1	2	3	4
Identity	0	1	2	3	4	Procrastination	0	1	2	3	4
Legal problems	0	1	2	3	4	Staying in school	0	1	2	3	4
Meeting people	0	1	2	3	4	Study skills	0	1	2	3	4
Panic/attacks	0	1	2	3	4	Test anxiety	0	1	2	3	4

Please provide a description of the reasons you are seeking counseling at this time.

Is this a **life-threatening** or **overwhelming crisis** that needs immediate attention? ___Yes ___No

If **Yes**, please explain the nature of your present crisis:





LAKE FOREST
COLLEGE

Welcome to the Health & Wellness Center, Counseling Services

We all experience times of change and transition in our lives. Sometimes this process is orderly and understandable. At other times it can be rapid, chaotic, and upsetting. Understanding, coping, and dealing with these times can be difficult. When we need help, we often turn to family and friends. Sometimes we need the assistance of a professional trained to work with people in the process of exploring and solving problems in their lives. We would like to welcome you to Health & Wellness Center, Counseling Services (CS) with the hope that our services will be helpful to you. This document contains important information about the services and policies of CS. Please read it carefully and jot down any questions that you may have about the information. This document gives you an opportunity to give consent for counseling.

The Mission

Counseling Services (CS) assists students to overcome personal, emotional, and psychological issues that may negatively impact their ability to reach their academic goals and to make the most of their educational experience at Lake Forest College. CS educates students about mental health and wellness issues and teaches them about healthy lifestyle choices. CS strives to assist students in acquiring the skills, attitudes, and resources necessary to both succeed in the college environment and pursue satisfying and productive lives. CS is committed to meeting the special needs of individuals from diverse backgrounds, including differences of culture, race, religion, socioeconomic status, gender, ability, and sexual/affectual orientations.

Description of Counseling Services

The following services are provided at Counseling Services: intake evaluation and disposition; emergency services, 24 hours/day, 7 days/week; individual counseling; couples counseling; life coaching; alcohol and other drug assessments; short-term alcohol and drug counseling; time-limited psychotherapy groups; structured psychoeducational groups; consultation with students, faculty and staff; programs and workshops for campus groups; and off-campus referral.

Cost of Services/Eligibility

All currently enrolled Lake Forest College students are eligible for services. There is no charge for utilizing Counseling Services. The actual number of counseling visits is determined individually. Students with concerns that may require long-term individual therapy may be referred to mental health professionals in the community. Students may also be referred off campus if there is an extended wait list for services. If you are referred off campus for psychological service, you will be responsible for any fees that you may incur. You may be covered by your family insurance or by the College insurance plan for these services. If you have questions about your specific situation, please discuss this with your counselor before accessing off-campus services.

Accessing Counseling Services

Individual appointments are approximately 50 minutes in length. We make every effort to schedule an appointment as soon as possible. After your first appointment, your counselor will assist you in scheduling additional appointments. If you need to cancel or reschedule an appointment, please contact the CS at (847) 735-5240 at least 24 hours in advance. If you repeatedly schedule appointments and do not show up for them, we may not be able to provide service to you. Emergency appointments are available to students who may be experiencing a crisis situation. Emergencies during office hours are handled immediately at the CS. In the case of an evening or weekend crisis, call Public Safety at (847) 735-5555. The on-call counselor will contact you as soon as possible. The student, or anyone referring the student, may request emergency scheduling.

E-Mail Policy

We welcome your interest and contact. We also value your privacy. Please consider the following information prior to sending us e-mail: E-mail is not an appropriate medium for individual questions regarding personal counseling.



It is most appropriate for requesting general information regarding services, resources, or other campus information. Our staff does not respond to inquiries from our clients regarding specific counseling issues. Confidentiality is essential to the counseling process and cannot be assured with e-mail. We cannot guarantee that the contents of an e-mail message will remain confidential. While we will do our best to keep your communication private, e-mail usage can be monitored and others may read the content of your personal messages. Staff access to e-mail is also limited to Counseling Services work hours. There is no expectation that CS staff will check e-mail after hours. Also, you have no way of knowing if a specific staff member is unavailable due to illness, vacation, or other reasons. This means that your message may not be read immediately. E-mail should *never* be used for urgent communication of any sort. If time is of particular concern for you, please always call the CS office.

Informed Consent

Purpose and Nature of Services to be Provided

Psychologists and counselors help clients with mental or emotional difficulties such as depression or anxiety, interpersonal or family problems, personality problems, adjustment difficulties, grief recovery, rehabilitation, or when psychological factors may affect physical symptoms such as pain. Psychology consultation and psychotherapy are intended to help the individual reach a better understanding of specific problems and, at times, work toward resolution of this problem, symptom relief, improvement in day-to-day functioning, or simply offer support in problem-solving.

Methods and Procedures and Risks and Benefits of Counseling

Initially, a psychologist will conduct a clinical interview---a guided discussion---with the patient to assess the nature of the problem. Outside records or discussion with important family members will sometimes be requested (for which a release of information will be necessary). Psychological therapy, or psychotherapy, is a joint effort between the psychologist or counselor and the client to alleviate the problem. Progress depends on many factors such as the complexity and duration of the problem, the skill of the psychologist, the motivation of the patient, and other life and situational circumstances. While results cannot be guaranteed, most patients/clients find that they benefit from psychotherapy. The therapist and the client should agree on specific goals for therapy such as symptom reduction, improved communication and/or interpersonal skills. The therapeutic approach employed will vary and should be discussed directly with the psychologist or counselor.

As with any powerful treatment, there are some risks as well as many potential benefits. You should always think about both the risks and the benefits before making a treatment decision. Although there are no guarantees about what will happen, therapy often leads to a significant reduction in feelings of distress, better relationships, resolutions of specific problems, and generally feeling better. Therapy can result in individual change and unleash strong feelings. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, anger, guilt, anxiety, frustration, loneliness, helplessness or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother you at work, school, or home. Some people in the community may erroneously view anyone in therapy as weak, perhaps seriously ill, or even dangerous. Also, clients may have problems with people that are very important in their lives. You should be aware of the possibility for potential family and/or relationship strain that may occur during therapy. Sometimes, too, it is possible for a client's problems to worsen immediately after beginning therapy. Most of these risks are to be expected when people are making important changes in their lives. Finally, it is important to note that even with the best effort on the part of both of us; therapy may not work out well for you.

Confidentiality

Counseling records are confidential. Please be assured that all medical care and counseling at the Health & Wellness Center is confidential. Your health care and counseling records are completely separate from other College records. The Health & Wellness Center staff, including Counseling Services and Health Services, confers with one another as needed to provide integrated care for you. Counseling Services maintains records as regulated by the State of Illinois Mental Health and Developmental Disabilities Act. Maintenance of records is in accordance with professional, legal, and ethical guidelines. Other than authorized CS staff, no one has access to those records unless students release them in writing. They do not become part of academic files, and even the fact that students have come to the CS is not divulged to anyone without their permission. Your conversations with your counselor, your records, and the results of psychological tests are treated as strictly confidential within CS. If you want any of this information shared with any person outside of CS, you must sign a release of information allowing us to do so.



Since your Counseling Services records are not part of your academic or administrative records, they are only available to you and the Health & Wellness Center staff. You are entitled to access to your records, unless it is believed that seeing them could be emotionally distressing, in which case, we will be happy to provide them to an appropriate mental health professional of your choice. To reduce the possibility of misunderstanding, we recommend that we review them together so that we can discuss what they contain.

Exceptions to this are determined by Illinois State Law (Illinois Mental Health and Developmental Disabilities Act) and may occur in the following situations: a) If we believe that a vulnerable person, including a child or elderly person, is being abused or neglected, we are required to report to the appropriate agency. b) If in our judgment we believe that you are threatening imminent serious bodily harm to another, we may be required to take protective actions to protect you or others from serious threat to health or safety. These actions may include notifying the potential victim, contacting the police, and involving other Lake Forest College Student Affairs professionals as needed, including staff from Residence Life, Public Safety, and the Dean of Students. c) If in our judgment we believe you are in imminent danger of hurting yourself we may be obligated to take action to protect you from serious threat to health or safety such as seeking hospitalization for you or contacting family members or others who can help provide protection. To ensure your safety, we may also involve other Lake Forest College Student Affairs professionals including staff from Residence Life, Public Safety, and the Dean of Students. d) If you file a suit against a psychologist or counselor in Counseling Services for breach of duty. e) Courts may, in some legal proceedings such as child custody or those in which your emotional condition is an important issue, order the release of counseling records or testimony. f) If you waive the right to privilege or give written consent to disclose information. g) Disclosures may take place between other professionals or supervisees directly involved in your treatment or diagnosis. h) Individuals under 18 years of age requesting services should understand that parents/legal guardians have the right to request information from the counselor. i) Information contained in communications via mechanisms/devices with limited security/control, such as e-mail and telephone conversations/contact. CS staff may occasionally find it helpful to consult about a case with other professionals regarding treatment, diagnosis, or other pertinent issues. In these consultations, every effort will be made to keep identifying information confidential. The consultant is, of course, legally bound to keep the information confidential. Unless you object, your counselor will not tell you about these consultations unless he/she feels that it is important to your work together. If students have any questions about these policies, they should discuss them with the Senior Associate Dean of Students and Director of Health & Wellness.

Please note: The exceptions to confidentiality are extremely rare. However, if they should occur, it is CS policy that, whenever possible, we will discuss with you in advance any action that is being considered. Legally we are not obligated to seek your permission, especially if such a discussion would prevent us from securing your safety or the safety of others. If disclosure of confidential information does become necessary, we will release only the information necessary to protect you or another person or required by law. While the above exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions or concerns that you have with your psychologist or counselor. The laws governing these issues are quite complex, and the CS staff are not attorneys. While we are happy to discuss these issues with you, should you need specific legal advice, legal consultation is recommended.

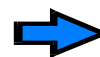
To better serve students and evaluate the effectiveness of our counseling services, Counseling Services occasionally collects feedback in the form of questionnaires regarding the services you receive. Participation is strictly voluntary and does not affect your right to receive services. All information is kept in strict confidence. Interested individuals who provide the data may contact CS for a summary of results.

If you have any questions after reading this statement, please discuss them with your counselor.

I have read this document in its entirety and fully understand the meaning of the information provided. I understand that there are both risks and benefits associated with counseling as described above. I agree to these conditions for services.

Signature _____ Date _____

**** The department assistant has copies of this sheet for your files. If you do not receive your copy, please request one. Thank you.***



How have you attempted to cope with your problems? (ignoring the problem, talking with others, specific strategies, etc.)

Have you experienced any significant personal/emotional difficulties before now? If so, please tell us something about that time of your life:

Does any member of your extended family suffer from alcoholism, depression, anxiety, or anything that can be considered an emotional or mental difficulty? Did they receive treatment? How successful was it?

Do you have any medical problems and/or disabilities? If yes, explain.

Alcohol/Drugs

Do you lie or conceal how much you drink/use drugs? ___Yes ___No

Do you miss class or other responsibilities because you are under the influence or recovering from consuming alcohol/drugs? ___Yes ___No

In the past month have you used any drugs not prescribed for you? ___Yes ___No
Which drugs, if any?

Have you ever decided to stop drinking/using drugs but found that for some reason, you didn't do it?
___Yes ___No

Have you ever faced any judicial or legal consequences for your drinking/drug use? ___Yes ___No

Have you ever lost friends because of your drinking/drug use? ___Yes ___No



SCHEDULE

To help facilitate the scheduling of your appointment, please mark an "X" through the hours that you are **NOT** available to be seen by a counselor.

Time	Day	Monday	Tuesday	Wednesday	Thursday	Friday
9:00-10:00 AM						
10:00-11:00						
11:00 AM-12:00 PM						
12:00-1:00						
1:00-2:00						
2:00-3:00						
3:00-4:00						
4:00-5:00						
5:00-6:00						
6:00-7:00 PM						

