

**WASHINGTON AND LEE COUNSELING CENTER  
CONFIDENTIAL CLIENT REGISTRATION FORM**

**Name** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_ **Date** \_\_\_\_\_

Class year: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

School address: \_\_\_\_\_

Phone: \_\_\_\_\_ **Ok to leave message?** ☐ YES ☐ NO

May we use email to communicate with you about treatment issues? ☐ YES ☐ NO

Home address: \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

Club and organization affiliation(s) (if applicable) \_\_\_\_\_

Religious/Spiritual affiliation or practice (if applicable) \_\_\_\_\_

Ethnicity (optional) \_\_\_\_\_ LGBTQ+? (optional) \_\_\_\_\_

Who referred you to University Counseling? (check as many as apply)

____ Residential Life Staff (RA, etc)	____ A program you attended	____ House Director
____ Fraternity/ Sorority leader	____ Faculty Member	____ Friend
____ Peer Counselor	____ Staff Member	____ Self
____ Peer Tutor	____ Coach	____ Other

**REASON FOR SEEKING SERVICES / PRIMARY CONCERN:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARE YOU EXPERIENCING ANY THOUGHTS OF HARMING YOURSELF OR ANYONE ELSE?**

☐ YES ☐ NO IF YES, PLEASE EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

Have you experienced significant illness, injuries, medical conditions, hospitalizations, or surgeries?

☐ YES ☐ NO If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Current medications** (if any): \_\_\_\_\_

**Medication allergies** (if any): \_\_\_\_\_

**Do you have any eating-related issues?** ☐ YES ☐ NO If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Do you have difficulties with sleep?** ☐ YES ☐ NO If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**What is your typical alcohol use?** Which days of the week you drink, and the number of drinks each day?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What other substances do you use?** Types and frequency: \_\_\_\_\_

\_\_\_\_\_

**Have you ever been charged with a criminal offense?** ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been physically or sexually assaulted or abused?** ☐ Yes ☐ No If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever engaged in self-injurious behavior (e.g., cutting)?** ☐ Yes ☐ No If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you faced discrimination and/or prejudice related to your identity or background that affect your mental health?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**When you are stressed, overwhelmed, etc. are there certain coping skills that tend to help?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you previously received mental health treatment?** ☐ YES ☐ NO If yes, please explain reasons for seeking services and duration: \_\_\_\_\_

\_\_\_\_\_

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**Were you satisfied with the outcome?**    ☐ YES    ☐ NO Please explain: \_\_\_\_\_

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**Family History:**

	Name	Age	Occupation	History of mental health issues or addiction?
Parent				
Parent				
Sibling				
Sibling				
Sibling				
Sibling				

Are there family issues or dynamics that you would like to explore in counseling?

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**Thank you for your answers and we look forward to meeting you!**

*Janet Boller, Psy.D.*

*Johna Jenkins, PMHNP*

*Jesse Paul, Admin Assistant*

*Annie Robinson, LCSW*

*Jeff Rutter, Psy.D.*

*Dave Salge, M.Ed.*

*Rallie Snowden, LCSW*

*Jade Westbrook, M.S.*

*Mehak Kapoor, Ph.D.*

# PATIENT HEALTH QUESTIONNAIRE- 9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
<del>6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down</del>	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 +    +    +     
=Total Score:   

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult  
at all  
**D**

Somewhat  
difficult  
**D**

Very  
difficult  
**D**

Extremely  
difficult  
**D**

## GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?

(Use "✓" to indicate your answer)

Not  
at all

Several  
days

More than  
half the  
days

Nearly  
every day

1. Feeling nervous, anxious or on edge

0

1

2

3

2. Not being able to stop or control worrying

0

1

2

3

3. Worrying too much about different things

0

1

2

3

4. Trouble relaxing

0

1

2

3

5. Being so restless that it is hard to sit still

0

1

2

3

6. Becoming easily annoyed or irritable

0

1

2

3

7. Feeling afraid as if something awful might happen

0

1

2

3

(For office coding: Total Score  $T$  \_\_\_\_ = \_\_\_\_ + \_\_\_\_ + \_\_\_\_ )

# WASHINGTON AND LEE UNIVERSITY

## Consent for Treatment University Counseling Center

Welcome to the Counseling Center! We are a team that includes professional counselors, psychologists, social workers, counseling interns, and a psychiatric nurse practitioner. You may be meeting with a resident in counseling, a resident in clinical psychology, or a graduate-level trainee who is completing a placement in the Counseling Center during this academic year. Residents and interns practice under the license and supervision of one of the licensed professionals on our staff and cannot in any way represent themselves as independent, autonomous practitioners. In essence, by agreeing to work with a resident or an intern, you stand to benefit from the added input on your case which they receive in their weekly supervision.

### **Appointments, Urgent Needs, and Emergencies**

The Counseling Center is open Mon-Fri, 8:30am-5:00pm during undergraduate sessions, and Mon-Fri, 9:00am-5:00pm when only law classes are in session. The Counseling Center is closed noon-1:00pm for lunch. You may initiate care by calling the Counseling Center at 540-458-8590. Note, however, that phone messages are **not** checked after regular hours or on the weekends. If you need to cancel or reschedule any appointment, please do so at least 24 hours prior to the appointment so we can offer that appointment to other students needing to be seen.

If you have an urgent need to see a counselor during regular business hours, please call or come to the Counseling Center to make that appointment. At other times, you may call or come to the Student Health Center for evaluation, which is open 24/7 during undergraduate sessions and 9:00am-5:00pm when only law classes are in session. Health Center staff will assess your condition and contact the counselor on call if needed. You may also contact Public Safety at 540-458-8889 to access campus resources (e.g., Dean on call, transportation to appointment, etc.). If you are having a mental health emergency and need immediate assistance, call 988 or go to the nearest emergency room.

### **Confidentiality**

In accordance with Virginia law, we want to explain the meaning of confidentiality. Confidentiality means our staff will not give out any information about you to your parents, friends, professors, administrators, or others without your permission. The right to release information about you belongs to you. In some instances, however, your provider may consult with other healthcare providers, including W&L Student Health Center staff, in the interest of optimizing your care. If those providers are not already directly involved in your care, then your counselor will avoid revealing your identity to them. If those providers are directly involved in your care, then they, too, will be legally bound to safeguard the confidentiality of your health information.

There are some exceptions to confidentiality that are explicitly determined by law. Those exceptions include:

1. Abuse, neglect, or exploitation of a child, incapacitated adult, or elderly adult.

2. Imminent danger of hurting yourself or someone else.
3. In some cases of law enforcement or court involvement if there is a subpoena for records.
4. If you are a minor, parents cannot be denied requested access to requested treatment information except in special circumstances.

Additionally, your clinician may occasionally ask you to sign a release of information to another party, but such release is always at your discretion, and you have a right to withhold consent.

Such requests might include:

1. Discussing your treatment with a Dean is needed to coordinate academic adjustments or accommodations.
2. You are requesting reinstatement to W&L after a withdrawal or leave of absence for mental health-related reasons.
3. You want to let some third party (e.g., a class Dean) know you kept your appointment
4. You want your parents to know about your treatment and/or your counselor to speak with them.
5. You are enlisting in the military, government employment, or are applying to the bar.

### **Counseling Services**

Counseling has potential risks and benefits. Potential risks of counseling include, but are not limited to, experiencing uncomfortable levels of difficult emotions, such as sadness, guilt, anxiety, anger, loneliness, and helplessness. Treatment sometimes facing these painful feelings, which can be distressing. Potential benefits of counseling can include resolution of specific problems, reconciliation of relationships, improved interpersonal behaviors, and overall improved ability to tolerate difficult feelings without using negative coping strategies. There is an expectation, but not a guarantee, that counseling will be beneficial and transformative to you should we choose to pursue working together. In order for treatment to be effective, you agree to provide the most accurate information about your current and past concerns and mental health treatment. You also agree to ask questions when you do not understand what is expected of you or you are concerned about the effects of treatment.

### **Walking/Running Sessions**

If you elect to engage in walking/running sessions with any of our counselors, you understand that this form of treatment is entirely voluntary, and is primarily conducted outdoors. You acknowledge and accept the possibility that your discussions with the counselor may be overheard by third parties. You also accept the possibility of being seen with the counselor by others you may know, and who may approach you and the counselor during one of these sessions or ask you about the nature of your relationship with the counselor. If you and the counselor are approached during one of these sessions by someone you know, the counselor will follow your lead. Your counselor will discuss this with you again prior to walking/running and document your request in your file. Clients who wish to engage in walking/running shall also agree to complete a separate Waiver of Liability.

### **Concern for Someone Else**

If you have come to the Counseling Center due to concerns about someone else, we would like to support you and respond to your needs. We feel that the best way to do that is to have a session with you, discuss your concerns, and develop a plan. There are consultation situations where we hear information that raises concern that the student in question or someone else may be in danger or that the information provided to us could have clinical relevance for a student in our care. In these cases, we will evaluate the information provided and decide whether we need to initiate a course of action to reduce the risk of harm. For these reasons, we cannot guarantee confidentiality during a consultation

session. In these situations, we would discuss our plans with you and support you through whatever action is needed. Please also note that we keep records of all sessions, including consultations. It is possible that these records will be attached to the student of concern's file.

### **Records**

Records of sessions with our providers are maintained and kept secure in either a paper chart or an electronic health record system. Treatment records are not part of your college educational record, however. You have the right to know the contents of your file if the need ever arises. To learn what is in your file, submit a written request to your counselor or the Director and they will discuss the request with you.

### **Signature**

By signing below you affirm: My decision to undergo treatment is voluntary. I have read and understood all the information above. I had all my questions answered by my counselor to my satisfaction, and I agree to treatment at the W&L University Counseling Center.

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Client Signature

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Date



# WASHINGTON AND LEE UNIVERSITY

## Informed Consent for Teletherapy Services

### **Purpose, Nature, and Benefit of Teletherapy Services:**

Teletherapy refers to providing counseling services remotely using telecommunications technologies, such as two-way video conferencing. Most research shows that teletherapy is about as effective as in-person counseling. One of the main benefits of teletherapy is that the client and counselor can engage in services without being in the same physical location. Teletherapy across state lines is regulated according to the laws of each state. The alternative to teletherapy is face-to-face visits.

### **There are also some risks with distance services:**

Risks to confidentiality: Because these sessions take place outside of the counselor's private office, there is potential for other people to overhear sessions. W&L University counselors agree to take reasonable steps to ensure privacy of counseling sessions. Clients are asked to participate in counseling sessions only while in a room or area where other people are not present and cannot overhear the conversation. Issues related to technology: Technology may stop working during a session. Crisis management and intervention: Assessing and evaluating emergencies can be more difficult when conducting teletherapy compared to traditional in-person therapy. Accordingly, teletherapy might not be ideal with clients requiring high levels of support and intervention.

### **Confidentiality:**

W&L University Counselors have a legal and ethical responsibility to take necessary steps to protect all communications that are a part of teletherapy. W&L uses a secure platform that is compliant with all applicable privacy and security laws. However, the nature of electronic communications technologies is such that they may be compromised or accessed by others, even with industry standard encryption and security safeguards. Clients should also take reasonable steps to ensure secure communications (e.g., using secure networks for sessions and using password protection). All existing confidentiality protections and exceptions applicable to W&L University Counselors under federal and Virginia law apply to information used or disclosed during sessions.

### **Electronic Communications:**

Counselors and clients will decide together which kind of teletherapy service to use.

Particular computer or cell phone systems may be required to use these services. W&L University Counselors will inform clients if they believe teletherapy is no longer the most appropriate form of treatment. If that is the case, options for continuing with inperson counseling or referrals to another professional in your location will be discussed. If sessions are accidentally interrupted (non-emergency situation), disconnect from the session and the counselor will attempt to re-contact you via the video platform.

For communication between sessions, counselors will only use secure, encrypted email communication with client permission, and only for administrative purposes, unless another agreement has been made. This means that email exchanges should be limited to administrative matters such as setting and changing appointments and other related issues. Counselors do not check email constantly or respond immediately, so email communication should not be used if there is an emergency.

For non-urgent or non-emergency needs, when the University is in session, you may also call the University Counseling Center and leave a message at (540) 458-8590.

### **Emergencies:**

Your counselor will develop an emergency response plan to address potential crisis situations that may

arise during the course of counseling. Your counselor will need to know your physical location/address in order to prepare for any emergencies that could require an immediate response. If you are unable to reach a counselor and need to speak with someone immediately, contact your local medical provider, call 911, or go to the nearest emergency room. The National Suicide Prevention Lifeline is also available at 988. If you experience an emergency during a teletherapy session and our session is interrupted—call 911 or go to your nearest emergency room.

**Records:**

Teletherapy sessions shall not be recorded in any way unless agreed to in writing by mutual consent. University Counselors will maintain records of sessions in the same way records are maintained for in-person sessions, in accordance with usual practices.

**Informed Consent:**

This agreement is intended as a supplement to the general informed consent included in the Confidential Client Registration Form that you completed when you first requested services.

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Client (signature confirms receipt and understanding)

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Date

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Counselor:

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Date

**University Counseling**

Early-Fielding Building, Suite 116 204 W. Washington St.  
Lexington, VA 24450