

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

Name _____ **Student ID #:** _____ **Date** _____

Academic grade: _____ 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** _____

Greek affiliation (if applicable) _____ Religious affiliation (if applicable) _____

Other clubs or organizations _____

Ethnicity (optional) _____ LGBTQ? (optional) _____

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Residential Life Staff (RA, etc) | <input type="checkbox"/> A program you attended | <input type="checkbox"/> House Director |
| <input type="checkbox"/> Fraternity/ Sorority leader | <input type="checkbox"/> Faculty Member | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Peer Counselor | <input type="checkbox"/> Staff Member | <input type="checkbox"/> Self |
| <input type="checkbox"/> Peer Tutor | <input type="checkbox"/> Coach | <input type="checkbox"/> Other |

REASON FOR SEEKING SERVICES / PRIMARY CONCERN: _____

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

YES NO **IF YES, PLEASE EXPLAIN:**

HEALTH: 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: _____

Describe frequency and amount of use: _____

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 previously received mental health treatment? YES NO If yes, please explain reasons for seeking services and duration: _____

Were you satisfied with the outcome? YES NO Please explain: _____

Family History:

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

Washington and Lee University Counseling Center -- New Client Information

Appointments, Urgent Needs and Emergencies

The Counseling Center is open Mon-Fri, 8:30 AM-5 PM during undergraduate sessions, and Mon-Fri, 9 AM-5 PM when only law classes only are in session. The Counseling Center is closed 12-1 PM for lunch. You may request a regular **appointment** with one of the clinicians by calling the Counseling Center at 540-458-8590 or e-mailing counseling@wlu.edu. Phone and e-mail messages are NOT checked after regular hours or on the weekends. If you need to cancel or reschedule your appointment, please do so at least 24 hours before your appointment so that we can offer that appointment to other students who are waiting to be seen. If you fail to give us at least 24 hours' notice of cancellation, then you may be limited in your scheduling options for future visits.

If you have an **urgent need** to see a counselor during regular hours, please call or come to the Counseling Center before 11 AM, Mon-Fri. At other times please call or come to the Student Health Center (SHC) for evaluation, which is open 24/7 during undergraduate sessions, and 9 AM-5 PM daily when only law classes are in session. The SHC staff will assess your condition and contact the counselor on call as needed. You may also contact Public Safety at 540-458-8889 to access campus resources (e.g. dean on call, transportation to the SHC). If you are having a mental health **emergency** and need immediate assistance, **call 911**, go to your local emergency room, or call Rockbridge Area Community Services Board Emergency Services Crisis Line 24 hours a day at **1-855-222-2046**.

Confidentiality

Your identity and any information you share will be held in the strictest confidence. The right to release information about you belongs to you. Under most circumstances, no information will be released to anyone without your written permission. There are exceptions to this policy that are made as a result of legal requirements to report. These exceptions include:

- a) Abuse, neglect, or exploitation of a child, incapacitated adult, or elderly adult
- b) Imminent danger of hurting yourself or someone else
- c) In some cases of law enforcement or court involvement if there is a subpoena for records
- d) If you are a minor, parents cannot be denied requested access to requested treatment information except in special circumstances
- e) Consultation with other healthcare providers, including members of the Student Health and Counseling staff, who are involved in your treatment. All of these staff follow the same professional requirements for patient privacy and confidentiality

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:

- a) You were referred to Counseling (e.g., by a dean, a professor, etc.) and that party wants to know whether you kept the appointment and whether you are currently being seen
- b) You are requesting reinstatement to W&L after a withdrawal or leave of absence for health-related reasons
- c) Discussing your treatment with a dean is needed to coordinate academic adjustments or accommodations
- d) You participated in counseling because of a legal or disciplinary matter
- e) You are enlisting in the military, government employment, or are taking a bar exam
- f) Your parents want your clinician to discuss your treatment with them and you agree

I have read and understand all of the above, had questions answered to my satisfaction, have requested a copy of this information if desired, and agree to treatment at the W&L University Counseling Center.

Client Signature

Date