



TEXAS STATE TECHNICAL COLLEGE MARSHALL

COUNSELING SERVICES INTAKE

DATE: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

NAME: \_\_\_\_\_ MAJOR: \_\_\_\_\_

NEW STUDENT: \_\_\_\_\_ RETURNING STUDENT: \_\_\_\_\_

ANTICIPATED GRADUATION DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

AGE: \_\_\_\_\_ MARITAL STATUS: MARRIED \_\_ SINGLE \_\_ DIVORCED \_\_ WIDOW \_\_

EMERGENCY CONTACT: \_\_\_\_\_

DO YOU CURRENTLY TAKE MEDICATION? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE LIST MEDICATIONS:

\_\_\_\_\_

ARE YOU EMPLOYED? \_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU HAVE A DISABILITY? PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

PRESENTING PROBLEM: \_\_\_\_\_

HOW CAN THE COUNSELOR HELP YOU?

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU BEEN TO COUNSELING BEFORE?

\_\_\_\_\_  
\_\_\_\_\_



## COUNSELING AGREEMENT & CONFIDENTIALITY STATEMENT

\_\_\_I agree that I am coming to counseling at my choice and that I am not being forced to attend by any TSTC faculty or staff member.

\_\_\_I agree to come to all scheduled counseling sessions and if I cannot attend, I will contact the Counselor before the scheduled appointment.

\_\_\_I agree that I can terminate counseling at anytime.

\_\_\_I agree that the counselor can terminate counseling at anytime.

\_\_\_I agree to participate in the planning of counseling services and can ask questions about the counseling process and procedures at any time.

\_\_\_I agree not to record any counseling sessions without the counselor's permission.

### **Confidentiality**

All communications between you and your counselor will be confidential, and will not be disclosed to anyone unless you give written authorization to release the information.

EXCEPT under the following circumstances:

- For academic concerns, the counselor will communicate with your instructor(s) if disclosure of this information will be beneficial for the student. The student can always request that information not be disclosed.
- In situations involving suicidal or homicidal ideations, child abuse or elder abuse, the counselor is ethically and morally required to disclose this information in order to protect you and/or others.
- The counselor is also required by law to disclose confidential information if it has been court ordered. If this instance arises, your counselor will discuss the procedures for disclosing information with you and enlist your assistance in resolution.

### **Counseling Files**

Counseling files are not part of academic records and are not accessible outside Counseling Services unless you provide a written request for records to be released to a third party.

*By initialing and signing the Counseling agreement & Confidentiality statement, I state that I agree to the conditions stated above and will participate in counseling for benefit to me as a student.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date