

# The University Counseling Center

**WARNING: If this is an emergency, call 911 immediately.**

The University of Mississippi Counseling Center

Student Initial Assessment Form

Please read and complete the following information.

During this initial session, the clinician will assess your situation and the concerns you have. This assessment requires that the clinician ask questions about your personal and family history, life situation, and current distress.

The staff at the University Counseling Center are dedicated to providing an emotionally safe, confidential environment that allows each client the opportunity for self-exploration, evaluation, and change.

**CONFIDENTIALITY:** We have adopted a policy of confidentiality that is in keeping with federal and state laws and the ethical standards of the American Psychological Association, the National Association of Social Workers, and the American Counseling Association. Confidentiality is an ethical standard that protects clients from disclosure of information without their consent. Client contacts with the University Counseling Center are confidential. We will not answer questions about clients from friends, partners, faculty, parents, employers, or anyone else outside the staff without the client's permission. There are exceptions to this general rule:

1. A counselor's duty to warn about serious harm to yourself (suicide).
2. A counselor's duty to warn about serious harm to others (homicide).
3. If a counselor is made aware of current child abuse or neglect, elderly abuse, or otherwise disabled individual abuse, he or she must make a report to the appropriate state agency.
4. If my records are requested by a valid subpoena or court order, the counselor must respond.
5. If I sign a release of information for my counselor to provide confidential information to any other person or entity of my choice.

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#### CLIENT RIGHTS:

- Request a particular clinician (e.g., male or female)
- Request a change of clinician
- Review credentials of Counselor Center staff members
- Receive the name of qualified professionals in the area who may provide alternative services
- Have information revealed in counseling treated confidentially and be informed of any limitations of confidentiality in the counseling relationship (see Confidentiality Policy)
- Ask questions about the counseling techniques, strategies, benefits, and risks as well as the services offered; refuse any techniques or services considered objectionable; refuse electronic recording of any portion of the session; participate in setting counseling goals and evaluating progress towards them

#### CLIENT RESPONSIBILITIES:

- Keep appointments
- Arrive on time for sessions
- Cancel at least 24 hours in advance (if possible).
- Participate actively in the therapy process, to include performing "homework" or maintaining a record of behaviors, emotions, etc. as agreed upon with the clinician
- Discontinue your counseling relationship before entering into counseling with another clinician

**Student IA Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student ID Number \_\_\_\_\_

Address of Location During Session \_\_\_\_\_

Phone Number \_\_\_\_\_ OK to phone/leave message?  Yes  No

Email \_\_\_\_\_ OK to email?  Yes  No

Gender \_\_\_\_\_ Living Situation \_\_\_\_\_

Transfer to Ole Miss  Yes  No International Student  Yes  No

Current GPA \_\_\_\_\_ Major \_\_\_\_\_

Current Course Load (Hours) \_\_\_\_\_ Are you currently on Academic Probation?  Yes  No

Non-Academic Work Hours \_\_\_\_\_ Current or Past history with Military?  Yes  No

Relationship Status \_\_\_\_\_

Racial Identification \_\_\_\_\_

Sexual Orientation \_\_\_\_\_

Spiritual/Religious Beliefs \_\_\_\_\_

Were you referred to the UCC?  Yes  No

If "yes", by whom? \_\_\_\_\_

Have you ever received services from the UCC?  Yes  No

If "yes", Who did you see? \_\_\_\_\_

Would you like to see that clinician again?  Yes  No

In the past 48 hours, have you had thoughts/intentions of harming yourself?  Yes  No

In the past 48 hours, have you had thoughts/intentions of harming someone else?  Yes  No

Please endorse (X) if you have you ever experienced any of the following?

\_\_\_\_\_ Delusions (Strong beliefs that are not based on reality)

\_\_\_\_\_ Hallucinations (Seeing/hearing things that are not present)

\_\_\_\_\_ Extreme and Sudden Outbursts of Energy

Emergency Contact Name: \_\_\_\_\_

Emergency Contact's Relationship to You: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Please endorse (X) if you have you ever experienced any of the following:

\_\_\_\_\_ Physical/sexual abuse

\_\_\_\_\_ Hospitalization for a psychological/emotional concern

\_\_\_\_\_ Long-term treatment for psychological concerns

\_\_\_\_\_ Serious medical problems

\_\_\_\_\_ Legal Concerns

\_\_\_\_\_ Past suicide attempts

Do you have any physical issues or concerns?  Yes  No

If "yes", please explain \_\_\_\_\_

Do you have any serious illness or injuries?  Yes  No

If "yes", please explain \_\_\_\_\_

Are you currently taking any medications?  Yes  No

If "yes", please list with dose \_\_\_\_\_

Do you have any Diagnosed Disabilities?  Yes  No

If "yes", please endorse (X) all that apply:

\_\_\_\_\_ Attention Deficit/Hyperactivity Disorder

\_\_\_\_\_ Neurological Disorders

\_\_\_\_\_ Deaf or Hard of Hearing

\_\_\_\_\_ Physical/Health Related Disorders

\_\_\_\_\_ Learning Disorders

\_\_\_\_\_ Psychological Disorder/Condition

\_\_\_\_\_ Mobility Impairments

\_\_\_\_\_ Visual Impairments

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Please endorse (X) Areas of Concern:

**Personal Concerns**

- Anger
- Anxiety
- Depression
- Eating Problems
- Financial
- Obsessions/compulsions
- Religious/spiritual
- Sleeping Problems
- Substance Abuse
- Suicidal Thoughts

**Identity/Self-Esteem**

- Accepting self
- Feeling inferior to others
- Sexual orientation
- Gender Identity
- Knowing myself
- Racial/ethnic identity
- Self-hatred
- Self-confidence

**Family of Origin Concerns**

- Adoption
- Death
- Divorce
- Abuse/neglect
- Parent/caregiver
- Siblings

**Relationship Concerns**

- Aggressive/controlling temper
- Significant Other
- Abuse
- Friend/roommate
- Fear of loving someone
- Loneliness/isolation
- Grief/loss/death
- Non-assertive
- Prejudice
- Sexual adequacy
- Sexual harassment
- Social discomfort/anxiety

**Academic Concerns**

- Choice of career
- Choice of major
- Attention/concentration
- Fear of failure
- Poor grades
- Relationships with professors
- Study Skills
- Test anxiety
- Time management

**Trauma Concerns**

- Accident
- Combat/military
- Illness
- Physical assault
- Sexual assault

Please briefly describe what brings you in for counseling:

### Consent to Counseling

I have read the counseling services description and understand my rights and responsibilities, including limits to confidentiality. I understand that the University Counseling Center staff (counselors and supervisors) may discuss the services being provided to me so that my counselor obtains case management and supervision assistance regarding my case.

I understand that my records will be retained in this office for seven (7) years, and I may contact the center any time after treatment regarding my records.

I understand that the University Counseling Center staff reserves the right to make referrals of clients that we perceive will need services beyond the scope of our practice. The referral will be determined by the counselor and administration of the University Counseling Center.

I understand that I may cancel my appointment by phone (662-915-3784) or email (counslg@olemiss.edu).

Additionally, I understand that as part of my paperwork that I may be asked to complete surveys about my experiences at the UCC and that I may be asked to complete this same questionnaire several times over the course of my counseling and a separate survey when my treatment is concluded. I understand that I have the right, on any of these occasions, to choose not to fill out this questionnaire.

By typing my full legal name, I affirm that I have read and understand the above information, including the Rights and Responsibilities of being a client and Confidentiality. I attest that all information I have entered is correct and accurate, and I agree to take part in counseling services at the University of Mississippi Counseling Center.

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