



# COUNSELING Intake Form

## Personal Information

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Student/Employee ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

Attending:  JCHS  VTC  RU Program of Study: \_\_\_\_\_

Major reason for seeking counseling: \_\_\_\_\_

Who referred you to seek out counseling? \_\_\_\_\_

Do you give permission to the above named person to know that you saw a counselor?  Yes \_\_\_\_\_  
initial

Have you seen a counselor outside of JCHS/VTC/RU?  Yes  No If yes, whom: \_\_\_\_\_

Are you currently employed?  Yes  No If YES, where: \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_ How many hours are you working? \_\_\_\_\_

Any history of academic difficulties?  Yes  No If YES, explain: \_\_\_\_\_

Any legal/criminal/probation issues? \_\_\_\_\_

Any medical concerns/hospitalizations? \_\_\_\_\_

List of current medications: \_\_\_\_\_

## Confidentiality of Information

The Jefferson College of Health Sciences (JCHS) Counseling Department provides counseling to JCHS/VTC/RU students confidential to the extent provided by law. This means that personal counseling issues discussed with the counselor are not available to anyone else without your permission. Expectations to this are responses to a court order or subpoena, or instances in which there are serious threats or actual occurrences of hurting yourself or others, or abuse of a minor child. With your written permission we will consult with and/or provide information to faculty, staff and other qualified professionals. If you have questions about our policy, please feel free to discuss these with your counselor or the Dean of Student Affairs.

By signing below, I am indicating I have read the above **Confidentiality of Information** statement and consent to receiving counseling in accordance with the policies therein. Additionally, I have been given a copy of the **Limits of Confidentiality**.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

I have been given a copy of the **Informed Consent** and have had the opportunity to discuss any concerns I may have with my counselor. By signing below, I consent to receive counseling in accordance with conditions described in the Informed Consent.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

***You are not required to answer the questions that follow regarding DISABILITIES, however you are encouraged to disclose if you expect/need accommodations.***

Any disabilities that interfere with learning?	Learning Disability	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Hearing Impairment	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Temporary Disability	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Visual Impairment	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Neurological Impairment	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Mental/Emotional Illness	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	ADD/ADHD	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Speech Impairment	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Orthopedic Impairment	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Medical Impairment	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
Are any of these issues a problem for you?	Depression	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Sadness	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Suicidal thoughts	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Anxiety	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Loss of family member	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Self-esteem	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Lack of motivation	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Sleep	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Shyness	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Nervous	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Concentration	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Temper outbursts	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Anger control	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Difficulties with friends	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Isolation	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Relationships	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Obsessive thinking	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Sexual abuse	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Underachievement	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Weight Loss	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Weight Gain	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Impulsive	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Legal problems	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Health problems	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Marital problems	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Eating problems	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Loneliness	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Nightmares	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
	Extreme fears	<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
		<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely
		<input type="checkbox"/> Slightly	<input type="checkbox"/> Mildly	<input type="checkbox"/> Severely

# This Page For COUNSELOR Use ONLY

Informed Consent Given To Student: \_\_\_ Yes \_\_\_ No

By \_\_\_\_\_ Date \_\_\_\_\_

Family/Social History: \_\_\_\_\_

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Abuse/Addiction History: \_\_\_\_\_

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Counseling Goals: \_\_\_\_\_

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NOTES: \_\_\_\_\_

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**Informed Consent**

The Counseling Department at the Jefferson College of Health Sciences provides personal and academic counseling to all Jefferson College of Health Sciences students free of charge. In order to provide services without long waiting times for appointments, students may make an appointment by contacting Jennifer Slusher, email at [jjslusher@jchs.edu](mailto:jjslusher@jchs.edu), or by calling (540) 985-8502.

During your appointment with the counselor, you may discuss your concerns and the counselor will give you recommendations. The counselor is familiar with all of the services of the College as well as with services in our community. In some instances, the counselor may be able to resolve your concerns during the interview. Consultations with appropriate College faculty, staff and administration without specific written authorization may be done in order to assure the best professional treatment. If you are referred to continue counseling with the counselor, he/she will arrange a follow-up appointment with you. If you wish to continue counseling off-campus, or if this recommended, the counselor can provide a list of local professional references.

Your appointment is scheduled for 45 minutes. Try to be here at least five-ten minutes before your appointment time, to fill out a brief information sheet that will assist the counselor in helping you. Please call if you will be late or absent so we can schedule another time for you.

Try to be as honest and open as possible in discussing your concerns, for this will help both you and the counselor. If you are unclear about anything the counselor asks or say, please ask questions. Counseling can very helpful for some people, but it is not without risks, and outcomes cannot be unanticipated changes in your relationships. Potential risks are minimized as much as possible by the counselor.

If you are referred for continued counseling you can make another appointment by contacting Jennifer Slusher via email at [jjslusher@jchs.edu](mailto:jjslusher@jchs.edu) or by calling (540) 985-8502.

**If you have a crisis or emergency after hours, please call:**

- Blue Ridge Community Services Crisis Service-----540-981-9351**
- RESPOND-----540-776-1100**
- Sexual Assault & Rape Advocacy (SARA) -----540-981-9352 (24 hour hotline)**
- Carilion Hospital-----540-985-7911 (or 77911)**
- CONNECT-----540-981-8181**