

The Counseling Center at Mount Mary College

Consent for Services

I understand that all information regarding counseling is confidential and will not be released to any other agency or individual without my prior knowledge and written consent, except when required by law. I understand that my counselor may break confidentiality if I express a serious intent to harm others or myself. I understand that my counselor is required to report suspected child or elderly abuse or neglect to authorities.

I understand that a written authorization to release information is necessary, should I want personal information or counseling records conveyed to someone outside our office.

I understand that a multi-disciplinary approach is used in matters of crisis intervention and consultation. Staff from Student Affairs may be involved, as needed, in addressing crisis situations.

I further understand that any counselor not yet licensed in the state of Wisconsin is required by law to be supervised. I understand that my counselor may discuss my situation with his/her supervisor, in order to provide the highest quality of services to myself. I understand that my confidentiality will be ensured at all times, and that my situation will be handled with the utmost of professionalism and respect.

I understand that Mount Mary College provides short-term counseling during the academic year, which usually entails five to ten sessions. I understand that if long-term or specialized treatment is required, appropriate referrals will be provided. I understand that medication management and medical supervision are not offered by my counselor.

I understand that I have the right to discontinue my participation in counseling at any time.

I hereby give my consent to counseling services at Mount Mary College.

Student's signature and printed name

Counselor's signature and printed name

Today's Date: _____

The Counseling Center at Mount Mary College

Client Information

Full Name _____ Today's Date _____

Commuter Students

Address: _____ City: _____

State: _____ Zip: _____ Phone # _____

Caroline Hall Residents

Room # _____ Phone# _____

Home Address: _____ City: _____ State: _____ Zip: _____

May we contact you by _____ phone _____ email ? (address: _____)

If we call, may we leave a message? _____ yes _____ no

May we acknowledge you on campus? _____ yes _____ no

Date of birth: _____ Undergraduate program _____ Graduate program

Mount Mary College Entrance Date: _____

Major: _____ Minor: _____

Emergency Contact info:

Name: _____ Phone number: _____ Relationship: _____

Please continue to other side

What brings you in today?

_____ Depression

_____ Social anxiety

_____ Eating disorder

_____ Sexual trauma

_____ Family concerns

_____ Roommate concerns

_____ Academic stress

_____ Occupational stress

_____ Alcohol/Substance abuse

_____ Suicidal thoughts

_____ Physical abuse

_____ Emotional abuse

_____ Health problems

_____ Relationship issues

_____ Grief/loss

_____ GLBTQ concerns

_____ Self-esteem/confidence

_____ Loneliness/homesickness

_____ Stress

_____ Other: _____

Have you had previous counseling before, or are you currently seeing another counselor or psychiatrist:

Yes _____ No _____

If yes, when, where, and how long? _____

Please indicate any significant health or physical concerns: _____

Please indicate any current medications: _____

Please state what you'd like to work on in counseling: _____

Thank you for your time