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
_____ Eating disorder
_____ Family concerns
_____ Academic stress
_____ Alcohol/Substance abuse
_____ Physical abuse
_____ Health problems
_____ Grief/loss
_____ Self-esteem/confidence
_____ Stress

_____ Social anxiety
_____ Sexual trauma
_____ Roommate concerns
_____ Occupational stress
_____ Suicidal thoughts
_____ Emotional abuse
_____ Relationship issues
_____ GLBTQ concerns
_____ Loneliness/homesickness
_____ 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