LANE COMMUNITY COLLEGE, COUNSELING DEPARTMENT
CONFIDENTIAL CLIENT DATA SHEET

The following will help us to serve you better. As with all information you share with your counselor, this information is treated with professional confidentiality. Please Print.

Please contact us if this information changes. Date: _____

Your Name: _____
last first middle initial

Name you would like us to call you (if different than above): _____

Date of Birth: ____-___-____ Age: _____ L Number: _____

Local Address: _____
street city state zip

Please list the phone number(s) below, where we may call you (cell phones may not be secure):
Local: _____ May we leave a message? Yes ☐ No ☐ May we mention "LCC Counseling"? Yes ☐ No ☐
Cell: _____ May we leave a message? Yes ☐ No ☐ May we mention "LCC Counseling"? Yes ☐ No ☐
Work: _____ May we leave a message? Yes ☐ No ☐ May we mention "LCC Counseling"? Yes ☐ No ☐
Email: _____ May we email you for scheduling? Yes ☐ No ☐
NOTE: EMAIL IS NOT CONSIDERED A CONFIDENTIAL FORM OF COMMUNICATION

Name of emergency contact: _____
last first
Relationship: _____ Phone: _____

Sex/Gender: Male ☐ Female ☐ Other ☐

Ethnic identity/background:
☐ Multi-ethnic/racial
☐ Asian American
☐ Pacific Islander
☐ Chicano/Latino/Hispanic
☐ African American, Non-Hispanic
☐ Euro American/Caucasian, Non-Hispanic
☐ American Indian/Alaskan Native
☐ Other _____
☐ International
☐ Decline to respond

Partnership status:
☐ Single/Non-Partnered
☐ Significant Relationship
☐ Married/ Partnered
☐ Separated
☐ Divorced
☐ Other _____
☐ Decline to respond

Are you:
☐ an enrolled LCC student
☐ a dual-enrolled LCC-UO student
☐ a non-current LCC student
☐ not currently a student

Do you have mental health insurance coverage?
Yes ☐ No ☐

Name of insurer: _____
_____

Who referred you to the Counseling Department:
(check <u>all</u> that apply)
☐ Family Member
☐ Advisor
☐ Partner/Spouse
☐ Friend
☐ Student Health Services
☐ Self
☐ Enrollment Services
☐ Other _____

Did you transfer to LCC? Yes ☐ No ☐
If so when? _____
From where? _____

Program or Major: _____

Credits this term:
☐ 1-5
☐ 6-8
☐ 9-11
☐ 12 or more

Overall GPA:
☐ < 1.9
☐ 2.0-2.4
☐ 2.5-2.9
☐ 3.0-3.4
☐ 3.5-4.0

Number of dependents:
☐ 0
☐ 1-2
☐ 3 or more
☐ Relationship to dependents: _____

Are you employed?
☐ Yes Where: _____
☐ No

Number of hours employed per week:
☐ 1 - 10
☐ 11 - 20
☐ 21 - 30
☐ 31 - 40
☐ Over 40

Tell us about the people who raised you: (check all that apply)
☐ Biological parents
☐ Adoptive parents
☐ Other _____
☐ Married/Partnered
☐ Never married
☐ Living together
☐ Separated (Date:_____)
☐ Divorced (Date: _____)
☐ Father deceased (Date:_____)
☐ Mother deceased (Date:_____)

Number of brothers/sisters:
☐ 0
☐ 1-2
☐ 3 or more

My _____ (family member) has a history of: (check all that apply)
☐ Counseling _____
☐ Psychiatric hospitalization _____
☐ Alcoholism _____
☐ Abuse _____
☐ Depression _____
☐ Eating Disorder(s) _____
☐ Poor communication _____
☐ Other _____
☐ None of these

I have suffered a recent loss:
☐ death
☐ relationship ending
☐ does not apply

I have had an unwanted sexual experience: (check all that apply)
☐ before age 18
☐ 18 or older
☐ no
☐ unsure
☐ decline to respond

I use alcohol/other drugs
☐ once a week or less
☐ more than once a week
☐ do not use

The following has resulted from my alcohol/drug use: (check all that apply)
☐ traffic violation
☐ ruined relationship
☐ black outs
☐ fight with friend
☐ academic problems
☐ difficulties with memory
☐ other (specify): _____

I have experienced racism/prejudice regarding my: (check all that apply)
☐ ethnic identity (Jewish, Polish, etc.)
☐ racial identity
☐ sexual orientation
☐ sex/gender (male, female, transgender)
☐ other (specify) _____
☐ does not apply

Please estimate how much your problems are affecting the following areas of your life:

Academic
☐ no interference
☐ mild interference
☐ moderate interference
☐ severe interference

Social
☐ no interference
☐ mild interference
☐ moderate interference
☐ severe interference

Please check the services you are interested in:
(check all that apply)

☐ Career or Vocational Counseling
☐ Academic Advising
☐ one or two–session problem solving
☐ individual brief counseling (10 or less sessions)

Are you currently (or within the past year) under the care of a medical doctor? Yes ☐ No ☐
If yes, for what condition: _____

Do you have any other significant medical conditions? Yes ☐ No ☐
If yes, please describe: _____

Are you currently taking any medications or herbs? Yes ☐ No ☐
Name of medication/herb(s): _____
Who prescribed it for you? _____

Do you have a disability? Yes ☐ No ☐
Please describe: _____

Have you had previous counseling or psychotherapy? Yes ☐ No ☐
Where? _____
With whom? _____
When? _____
How satisfied were you with the experience? _____

Are you presently receiving counseling or psychotherapy from some person or agency other than this service? Yes ☐ No ☐
Where? _____
With whom? _____

Please indicate below the reason(s) you are requesting assistance and what you hope to accomplish:

_____
_____
_____
_____

Please indicate the degree to which each of these has been a problem/concern <u>in the past month</u>:
no little moderate significant

	concern	concern	concern	concern	
1.	☐	☐	☐	☐	sleeping
2.	☐	☐	☐	☐	mood shifts
3.	☐	☐	☐	☐	appetite
4.	☐	☐	☐	☐	worthlessness/guilt
5.	☐	☐	☐	☐	concentration
6.	☐	☐	☐	☐	memory
7.	☐	☐	☐	☐	low energy/fatigue
8.	☐	☐	☐	☐	headaches
9.	☐	☐	☐	☐	sex
10.	☐	☐	☐	☐	weight loss/gain
11.	☐	☐	☐	☐	anxiety
12.	☐	☐	☐	☐	panic
13.	☐	☐	☐	☐	sadness/depression
14.	☐	☐	☐	☐	getting extremely angry
15.	☐	☐	☐	☐	trusting other people
16.	☐	☐	☐	☐	absent from classes too often
17.	☐	☐	☐	☐	thinking of dropping out of school
18.	☐	☐	☐	☐	indecision about career choice
19.	☐	☐	☐	☐	indecision about major
20.	☐	☐	☐	☐	go blank when I take tests
21.	☐	☐	☐	☐	not sure LCC is for me
22.	☐	☐	☐	☐	my sexual identity/orientation
23.	☐	☐	☐	☐	too easily influenced by others
24.	☐	☐	☐	☐	financial problems
25.	☐	☐	☐	☐	don’t like my body
26.	☐	☐	☐	☐	my religious/spiritual beliefs
27.	☐	☐	☐	☐	HIV or other STD concerns
28.	☐	☐	☐	☐	wasting time on the computer
29.	☐	☐	☐	☐	my substance use
30.	☐	☐	☐	☐	diet control
31.	☐	☐	☐	☐	discrimination/oppression
32.	☐	☐	☐	☐	thoughts of ending my life
33.	☐	☐	☐	☐	intentions of ending my life
34.	☐	☐	☐	☐	thoughts of harming someone
35.	☐	☐	☐	☐	intentions of harming someone

INFORMED CONSENT FOR COUNSELING SERVICES AT LANE COMMUNITY COLLEGE

Please read this Informed Consent Statement before meeting with your counselor. When you meet with your counselor, you can discuss any questions or concerns you have before signing the document. If you would like a copy, please request one from your counselor.

Eligibility and Service Limits
The LCC Counseling Department provides short-term counseling to LCC students. The service you receive is based upon a determination of your needs and goals, as well as the Counseling Department's available resources and its ability to meet your needs or goals. If the Counseling Department is unable to help you in meeting your needs or goals, referral resources will be identified for you.

Availability and Emergencies
Counselors are available during most office hours on the main LCC campus. Please call 463-3200 for hours of availability. There are holidays and special all-college in-service days in which the entire college is closed. For after-hour emergencies, please contact one of the following agencies: White Bird Clinic, 541-687-4000; Sacred Heart Emergency Room, 541-686-6931; University of Oregon after hours Crisis Line, 541-346-4488.

Canceling or Missing Appointments
If you are unable to keep a counseling appointment, call your counselor at least 24 hours in advance or AS SOON AS POSSIBLE. Two consecutive missed appointments may result in the loss of your regularly scheduled meeting time.

Services provided by Interns
Some services of the Counseling Department are provided by Counseling or Clinical Psychology interns. All interns are under the direct supervision of a Counseling Department counselor. The intern's direct supervisor will be identified for you. If you choose not to work with an intern, there may be a longer wait for another available counselor. Interns are required to audio tape their sessions. These tapes are used in intern supervision for the purpose of enhancing skills. The tapes are destroyed at the end of the academic year. By agreeing to work with an intern, you are agreeing to being recorded under the above cited conditions.

Confidentiality
Counseling Department counselors adhere to Federal and State laws and ethical standards; all client information is held in confidence unless your written permission is given. To provide effective service, your counselor may consult with other Counseling Department staff and/or with the medical staff at the LCC Student Health Center. Federal and State laws require health and counseling professionals to report certain situations. These include but are not limited to a reasonable suspicion of past or current child abuse or abuse of a vulnerable adult, dangerousness to self or others, by order of the court for any reason, or when mental illness is used as a defense in a criminal or civil matter. A confidential counseling record is maintained with access restricted to your counselor and other Counseling Department staff. These records may be released only with your written approval or when mandated by the court.

Benefits and Risks

There are benefits and risks that may occur in counseling. The benefits from counseling may include: 1) improved ability to handle academics, 2) enhanced personal development, 3) clarified career goals or plans. Research has also identified some risks of counseling. Things may feel worse before they get better. For example, students who work on especially troubling issues may find it difficult to concentrate on their studies immediately after a session. Counseling may also involve the risk of remembering unpleasant events that could arouse strong feelings. You and your counselor will work together to determine the pace and form of treatment so as to minimize the risks and maximize the benefits of counseling.

I have read the above statement regarding the conditions of counseling. I accept these conditions and give my consent to be counseled using the services of the Lane Community College Counseling Department. If I have additional concerns, I will discuss these with my counselor prior to beginning the counseling process.

Printed Name	L Number
Signature	Date