

**WASHINGTON AND LEE COUNSELING CENTER
CONFIDENTIAL CLIENT REGISTRATION FORM**

Name _____ **Student ID #:** _____ **Date** _____

Class year: _____ Date of birth: _____ Age: _____ Gender: _____

School address: _____

Phone: _____ **Ok to leave message?** YES NO

May we use email to communicate with you about treatment issues? YES NO

Home address: _____

Emergency Contact _____ **Phone** _____

Club and organization affiliation(s) (if applicable) _____

Religious/Spiritual affiliation or practice (if applicable) _____

Ethnicity (optional) _____ LGBTQ+? (optional) _____

Who referred you to University Counseling? (check as many as apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Residential Life Staff (RA, etc) | <input type="checkbox"/> A program you attended | <input type="checkbox"/> House Director |
| <input type="checkbox"/> Fraternity/ Sorority leader | <input type="checkbox"/> Faculty Member | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Peer Counselor | <input type="checkbox"/> Staff Member | <input type="checkbox"/> Self |
| <input type="checkbox"/> Peer Tutor | <input type="checkbox"/> Coach | <input type="checkbox"/> Other |

REASON FOR SEEKING SERVICES / PRIMARY CONCERN: _____

ARE YOU EXPERIENCING ANY THOUGHTS OF HARMING YOURSELF OR ANYONE ELSE?

YES NO **IF YES, PLEASE EXPLAIN:**

Have you experienced significant illness, injuries, medical conditions, hospitalizations, or surgeries?

YES NO **If yes, please explain:** _____

Current medications (if any): _____

Medication allergies (if any): _____

Do you have any eating-related issues? YES NO If yes, please explain: _____

Do you have difficulties with sleep? YES NO If yes, please explain: _____

What is your typical alcohol use? Which days of the week you drink, and the number of drinks each day?

What other substances do you use? Types and frequency: _____

Have you ever been charged with a criminal offense? Yes No If yes, please explain: _____

Have you ever been physically or sexually assaulted or abused? Yes No If yes, please explain:

Have you ever engaged in self-injurious behavior (e.g., cutting)? Yes No If yes, please explain:

Have you faced discrimination and/or prejudice related to your identity or background that affect your mental health?

When you are stressed, overwhelmed, etc. are there certain coping skills that tend to help?

Have you previously received mental health treatment? YES NO If yes, please explain reasons for seeking services and duration: _____

Were you satisfied with the outcome? YES NO Please explain: _____

Family History:

	Name	Age	Occupation	History of mental health issues or addiction?
Parent				
Parent				
Sibling				
Sibling				
Sibling				
Sibling				

Are there family issues or dynamics that you would like to explore in counseling?

Thank you for your answers and we look forward to meeting you!

Janet Boller, Psy.D.

Kirk Luder, M.D.

Jesse Paul, Admin Assistant

Annie Robinson, LCSW

Jeff Rutter, Psy.D.

Dave Salge, M.Ed.

Rallie Snowden, LCSW

Jade Westbrook, M.S.

PATIENT HEALTH QUESTIONNAIRE - 9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + + +
=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult
at all
D

Somewhat
difficult
D

Very
difficult
D

Extremely
difficult
D

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?

(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T ____ = ____ + ____ + ____)

Washington and Lee University Counseling Center -- New Client Information

Appointments, Urgent Needs and Emergencies

The Counseling Center is open Mon-Fri, 8:30 AM-5 PM during undergraduate sessions, and Mon-Fri, 9 AM-5 PM when only law classes only are in session. The Counseling Center is closed 12-1 PM for lunch. You may request a regular **appointment** with one of the clinicians by calling the Counseling Center at 540-458-8590. Phone messages are NOT checked after regular hours or on the weekends. If you need to cancel or reschedule your appointment, please do so at least 24 hours before your appointment so that we can offer that appointment to other students who are waiting to be seen. If you fail to give us at least 24 hours' notice of cancellation, then you may be limited in your scheduling options for future visits.

If you have an **urgent need** to see a counselor during regular hours, please call or come to the Counseling Center before 11 AM, Mon-Fri. At other times please call or come to the Student Health Center (SHC) for evaluation, which is open 24/7 during undergraduate sessions, and 9 AM-5 PM daily when only law classes are in session. The SHC staff will assess your condition and contact the counselor on call as needed. You may also contact Public Safety at 540-458-8889 to access campus resources (e.g. dean on call, transportation to the SHC). If you are having a mental health **emergency** and need immediate assistance, **call 911**, go to your local emergency room, or call Rockbridge Area Community Services Board Emergency Services Crisis Line 24 hours a day at **1-855-222-2046**.

Confidentiality

Your identity and any information you share will be held in the strictest confidence. The right to release information about you belongs to you. Under most circumstances, no information will be released to anyone without your written permission. There are exceptions to this policy that are made as a result of legal requirements to report. These exceptions include:

- a) Abuse, neglect, or exploitation of a child, incapacitated adult, or elderly adult
- b) Imminent danger of hurting yourself or someone else
- c) In some cases of law enforcement or court involvement if there is a subpoena for records
- d) If you are a minor, parents cannot be denied requested access to requested treatment information except in special circumstances
- e) Consultation with other healthcare providers, including members of the Student Health and Counseling staff, who are involved in your treatment. All of these staff follow the same professional requirements for patient privacy and confidentiality

Additionally, your clinician may occasionally ask you to sign a release of information to another party, but such release is always at your discretion and you have a right to withhold consent. Such requests might include:

- a) You were referred to Counseling (e.g., by a dean, a professor, etc.) and that party wants to know whether you kept the appointment and whether you are currently being seen
- b) You are requesting reinstatement to W&L after a withdrawal or leave of absence for health-related reasons
- c) Discussing your treatment with a dean is needed to coordinate academic adjustments or accommodations
- d) You participated in counseling because of a legal or disciplinary matter
- e) You are enlisting in the military, government employment, or are taking a bar exam
- f) Your parents want your clinician to discuss your treatment with them and you agree

I have read and understand all of the above, had questions answered to my satisfaction, have requested a copy of this information if desired, and agree to treatment at the W&L University Counseling Center.

Client Signature

Date

Washington and Lee University Student Health & Counseling Centers

Informed Consent for Teletherapy Services

Purpose and Nature of Teletherapy Services:

Teletherapy refers to providing counseling services remotely using telecommunications technologies, specifically for the Washington and Lee University Counseling Center, two-way video conferencing.

Benefits, Risks and Alternatives:

One of the **benefits** of teletherapy is that the client and counselor can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or counselor moves to a different location, takes an extended leave, or is otherwise unable to continue to meet in person. Most research shows that telepsychology is about as effective as in-person counseling.

There are also some **risks** with distance services:

Risks to confidentiality: Because these sessions take place outside of the counselor's private office, there is potential for other people to overhear sessions. W&L University counselors agree to take reasonable steps to ensure privacy of counseling sessions. Clients are asked to participate in counseling sessions only while in a room or area where other people are not present and cannot overhear the conversation.

Issues related to technology: Technology may stop working during a session.

Crisis management and intervention: Teletherapy may not be sufficient or effective with clients who are currently in a crisis situation requiring high levels of support and intervention. Counselors and clients will develop an emergency response plan to address potential crisis situations that may arise during the course of counseling.

The **alternative** to teletherapy is face-to-face visits.

Confidentiality:

W&L University Counselors have a legal and ethical responsibility to take necessary steps to protect all communications that are a part of teletherapy. W&L uses a platform for two-way video conferencing that is compliant with all applicable privacy and security laws. However, the nature of electronic communications technologies is such that they may be compromised or accessed by others, even with industry standard encryption and security safeguards. Clients should also take reasonable steps to ensure the security of communications (for example, only using secure networks for sessions and having passwords to protect the device you use). All existing confidentiality protections and exceptions applicable to Washington and Lee University Counselors under federal and Virginia law apply to information used or disclosed during sessions.

Electronic Communications:

Counselors and clients will decide together which kind of teletherapy service to use. Particular computer or cell phone systems may be required to use these services. W&L University Counselors will inform clients if they believe teletherapy is no longer the most appropriate form of treatment. If that is the case, options for continuing with in-person counseling or referrals to another professional in your location will be discussed.

If sessions are accidentally interrupted (non-emergency situation), disconnect from the session and the counselor will attempt to re-contact you via the video platform.

For communication between sessions, counselors will only use secure, encrypted email communication with client permission, and only for administrative purposes, unless another agreement has been made. This means that email exchanges should be limited to administrative matters such as setting and changing appointments and other related issues. Counselors do not check email constantly or respond immediately, so email communication **should not** be used if there is an emergency.

For non-urgent or non-emergency needs, when the University is in-session, you may also call the University Counseling Center and leave a message (540-458-8590).

Emergencies:

Assessing and evaluating emergencies can be more difficult when conducting teletherapy compared to traditional in-person therapy. To address this, counselors and clients will discuss an emergency plan before engaging in teletherapy services. If you are unable to reach a counselor and need to speak with someone immediately, contact your local medical provider, a local/regional/national behavioral health crisis line, call 911, or go to the nearest emergency room. The National Suicide Prevention Lifeline is available at 1-800-273-8255.

If you experience an emergency during a teletherapy session and our session is interrupted—call 911 or go to your nearest emergency room.

Records:

Teletherapy sessions shall not be recorded in any way unless agreed to in writing by mutual consent. University Counselors will maintain records of sessions in the same way records are maintained for in-person sessions, in accordance with usual practices.

Informed Consent:

This agreement is intended as a supplement to the general informed consent included in the Confidential Client Registration Form that completed when you first requested services.

Your signature below indicates agreement with its terms and conditions.

Client

Date

Therapist

Date