

Counseling Services - Information Packet

Kenyon College Counseling Services



Student Name

Today's Date: _____

Birth Date: _____

Preferred pronouns: _____

If necessary, may we contact you at any of the locations listed below?

Cell Phone: _____

Yes ____ No ____

Campus Email: _____

Yes ____ No ____

Class: _____ (First Year, Sophomore, Junior, Senior)

Expected Year of Graduation: _____

Who referred you to Counseling Services?

(e.g., self, Dean, doctor, family member, friend)

If any of your current concerns are causing you to be in crisis, please contact Campus Safety at (740) 427 5555 to connect immediately with a licensed counselor through ProtoCall.

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Counseling History

Have you received counseling at the Kenyon Counseling Services before? Yes ____ No ____

If so, what was the name of the Counselor? _____

Have you ever received or are currently receiving psychological counseling anywhere? Yes ____

No ____

If so, from whom? _____

Where? _____

Approximate Dates: _____

Counseling Information

Please use the space below to describe the reason you are seeking our services:

Psychotropic Medication History

Are you taking any medications for the management of depression, anxiety, or other forms of a mental or emotional disorder? Yes ____ No ____

Please specify if you can:

Name(s) of medication(s), dosage, and name of prescribing physician:

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Substance Use History

Do you use recreational substances? Yes _____ No _____

If yes, list substances:

How often do you use each substance?

Current Symptoms

Symptom Checklist

Please check all of the following that currently apply. Please indicate past concerns with the *written* letter "P".

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Distractibility | <input type="checkbox"/> Depressed mood | <input type="checkbox"/> Aggressive/fights | <input type="checkbox"/> Eating problems |
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Loss of pleasure or interest | <input type="checkbox"/> Frequent arguments | <input type="checkbox"/> Gambling problems |
| <input type="checkbox"/> Impulsivity | <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Irritability/anger | <input type="checkbox"/> Computer addiction |
| <input type="checkbox"/> Boredom | <input type="checkbox"/> Thoughts of death | <input type="checkbox"/> Homicidal thoughts | <input type="checkbox"/> Problems with pornography |
| <input type="checkbox"/> Poor memory/confusion | <input type="checkbox"/> Self harm behaviors | <input type="checkbox"/> Flashbacks | <input type="checkbox"/> Parenting problems |
| <input type="checkbox"/> Attention Problems | <input type="checkbox"/> Crying spells | <input type="checkbox"/> Hears voices | <input type="checkbox"/> Sexual problems |
| <input type="checkbox"/> Anxiety/Worry | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Visual hallucinations | <input type="checkbox"/> Relationship problems |
| <input type="checkbox"/> Panic Attacks | <input type="checkbox"/> Low self worth | <input type="checkbox"/> Suspicion/paranoia | <input type="checkbox"/> Work/school problems |
| <input type="checkbox"/> Social Discomfort | <input type="checkbox"/> Guilt/shame | <input type="checkbox"/> Racing thoughts | <input type="checkbox"/> Alcohol/drug use |
| <input type="checkbox"/> Fear away from home | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Excessive energy | <input type="checkbox"/> Recurring, disturbing memories |
| <input type="checkbox"/> Obsessive thoughts | <input type="checkbox"/> Change in appetite | <input type="checkbox"/> Wide mood swings | <input type="checkbox"/> History of trauma/abuse |
| <input type="checkbox"/> Compulsive behavior | <input type="checkbox"/> Lack of motivation | <input type="checkbox"/> Sleep problems | <input type="checkbox"/> Life has been unstable |
| <input type="checkbox"/> Seasonal mood changes | <input type="checkbox"/> Withdrawal from people | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Life changes pending |
| <input type="checkbox"/> Suicide attempts | <input type="checkbox"/> Difficulty with change | <input type="checkbox"/> Needs predictability/routine | <input type="checkbox"/> Lots of physical complaints |

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COX CENTER PROFESSIONAL DISCLOSURE STATEMENT

The purpose of this form is to inform you of the services we provide and who will be providing those services. It also gives you the opportunity to give your consent for counseling. If this form does not satisfactorily answer your questions, do not hesitate to ask your counselor or someone in the office for clarification.

We provide individual, group* and substance abuse counseling. If we are unable to provide the services you need, we will assist you in finding the appropriate resources. For counseling to be most effective it is necessary for you to take an active role in the process and remain open and honest in discussing your concerns. At times this can be difficult, and you may face feelings that make you uncomfortable. This is to be expected and is a normal part of counseling.

Please be aware that if you participate in group counseling you are stating - I understand that if I participate in group counseling each participant has a right to confidentiality and I agree to maintain the confidentiality of information shared by others in the session. I also understand that the Cox Center cannot guarantee that all participants will honor such agreement.

Everything discussed with your counselor will be kept confidential, except in cases of suicidal/homicidal intent, abuse, neglect or abandonment of a child/elderly adult/person with a disability, or when required by law. Except as described above, no information will be released to another campus office or individual without your knowledge and written consent.

Counseling in our office can be short or long term, depending on your needs. In some cases, it may be appropriate to be referred for outside help or treatment. If at any time you decide to discontinue counseling, we encourage you to first discuss this with your counselor. We do not offer services during semester breaks or during summer sessions so sometimes there are gaps in services. If you feel that you would benefit from more continuous care, we can help you find those services.

You may refuse or withdraw from counseling at any time by notifying your counselor. You may be terminated for failure to keep or cancel appointments, violent behavior, threats of violence, or if it is determined that counseling is no longer beneficial. Services may be terminated and appropriate referrals given if students needs are beyond the scope of what this office can provide.

If at any time you feel you need help, do not hesitate to call the office during regular hours. If no one is available in the office, call Campus Safety at 740.427.5555 in order to be connected with ProtoCall.

*There is a current hold on group counseling opportunities during COVID-19 and we will communicate changes for those services when they become available.

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CONSENT AND AGREEMENT OF PATIENT

I have read and understand the Cox Center Professional Disclosure Statement, and I agree to voluntarily participate in the counseling process. In case of crisis, I agree to using the numbers provided, in order to ensure the utilization of appropriate means of service. This consent and agreement will apply for so long as I receive services at the Center

Signature of Patient

Date

Print Name

If under 18 years old:

Signature of Parent/Guardian

Date

Print Name

COX CENTER

Hours of Operation: 8:30 A.M. — 4:30 P.M. Monday-Friday, On-call for emergencies 24/7, 740-427-5555, ask to speak with the ProtoCall.

Confidentiality: The ethical guidelines of the International Association of Counseling Services and Ohio state law guide the services of the Cox Center. The guidelines require that the information you share with your counselor will not be given to individuals who are not on the Cox Center professional staff without your knowledge and written consent, and no record of your use of this service will be placed on your official transcript. You should also know, however, that we are required by law to report situations involving imminent danger to you or someone else, or circumstances involving the neglect or abuse of a child (under 18) or an elderly person. By law, we must also respond to court ordered subpoenas of client records. Unless otherwise required or permitted by law, your counselor will inform you of the need to take such actions before they are initiated.