

The following information is confidential, will be used only for our records, and will help save time in our first session. All information is kept strictly confidential.

Today's Date _____

First Name _____ M.I. _____ Last Name _____

Student ID _____ Age _____ Birthdate _____

Address _____ City _____ State _____ Zip Code _____

If we need to contact you, what number is best (cell)? _____ May we leave a voice mail message? Yes No

Email address _____ May we email you? Yes No

Note: Because e-mail is not confidential, we strongly discourage you from using e-mail to communicate sensitive information with your counselor.

Race/Ethnicity (optional):

Please indicate if you are Hispanic/Latino: Yes No

Please select one of more of the following races:

American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Pacific Islander White

Gender _____ Preferred Pronouns _____

Enrollment: Full-Time Part-Time

Program: _____

Are you currently on academic probation: Yes No

Emergency Contact Information:

Name _____

Phone _____ Relationship _____

Signature authorizing us to contact this person _____

Referral Source:

Self Faculty/Staff Peer Parent Website/Flyer Classroom Visit Other

Do you feel this is a crisis? Yes No

Do you need immediate help? Yes No If yes, and outside of school hours, please contact 988 or 911 immediately.

Check the issues which concern you:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Academic concerns | <input type="checkbox"/> Gender Identity Issues | <input type="checkbox"/> Loss and grief | <input type="checkbox"/> Substance use |
| <input type="checkbox"/> Adjustment | <input type="checkbox"/> Suicidal feelings | <input type="checkbox"/> Spiritual concerns | <input type="checkbox"/> Other |
| <input type="checkbox"/> Anxiety/Stress | <input type="checkbox"/> Personal Growth | <input type="checkbox"/> Eating concerns | |
| <input type="checkbox"/> Assault or abuse | <input type="checkbox"/> Self Harm | <input type="checkbox"/> Problems with relationships | |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Sexuality Issues | <input type="checkbox"/> PTSD | |

Please describe briefly the concern(s) you would like to address in counseling:

To what degree do you feel like your academic progress is being impacted by your issues?

Not at all Barely Somewhat Mostly A lot

Have you seen a counselor in the past year? Yes No

If yes, please provide Counselor's Name _____

Please list any medications:

Appointment Policy

If you need to cancel your appointment please let us know by emailing counselors@lakeareatech.edu. Kindly give a 24-hour notice, if possible.

Emergency Situations

For on-campus emergencies:

Please call the counselor(s) on campus: Jillian Viessman Ext 216 or Stephanie Traversie Ext 337

For off-campus emergencies (after school and on weekends/holidays):

Please call the community crisis line (605) 886-0123 or 988 or 911.

Please take the time to read the following statement concerning confidentiality:

Any discussion and information you share in your personal counseling will remain confidential. This means that without your prior written consent, information will not be divulged to anyone except in the following special circumstances, which are required by law:

- If you are in immediate danger of harming yourself or someone else;
- If you disclosed that a child, disabled, or elderly person is being abused;
- If a court of law orders such information to be divulged (subpoena)

The additional informed consent provided with this intake needs to be read and signed as well. Thank you.

I have read and understand this information. If you have any questions, let your counselor know.

Student Signature _____ Date _____

Counselor Signature _____ Date _____