

Date _____

Appointment With _____

**CREIGHTON UNIVERSITY
COUNSELING & PSYCHOLOGICAL SERVICES
CONFIDENTIAL DATA**

Name _____
(last) (first) (Middle Initial)

Local Address _____
(include name of residence hall & room number or street, state and zip)

Date of Birth ____/____/____ Age _____ Gender _____

Email: _____ OK to send message? Yes No

Phone: (home) _____ OK to call you there? Yes No OK to leave message? Yes No
(work) _____ OK to call you there? Yes No OK to leave message? Yes No
(cell) _____ OK to call you there? Yes No OK to leave message? Yes No

University Classification:

Undergraduate: _____ Professional: _____
____ Arts & Sciences _____ Accelerated Nursing _____ M.B.A. _____ Pharmacy
____ Business _____ Dental _____ Medical _____ Physical Therapy
____ Nursing _____ Graduate School _____ Occupational Therapy
____ University College _____ Law _____ Other (specify) _____

Are you: _____ Freshman _____ Sophomore _____ 1st year _____ 2nd year _____ 3rd year _____ 4th year
_____ Junior _____ Senior

Major(s) / Minor _____ Current Credit Load _____ Current GPA _____

Living Situation: _____ Alone _____ Roommate(s) _____ Partner/Spouse _____ Parent(s) _____ Other

Ethnic Identification: _____ Asian American _____ Black/African-American _____ Hispanic/Latina(o)
_____ Native American _____ White/Caucasian _____ Int'l Student (country) _____ Biracial/Bicultural _____

Who Referred You: _____ Advisor/Faculty _____ Health Center Staff
_____ Coach/Athletic Staff _____ Residence Hall Staff
_____ Disciplinarian _____ Required
_____ Family _____ Self
_____ Friend _____ Other (specify) _____

How have you heard about us? _____ Freshman Seminar _____ Brochure _____ Web Site _____ Other (specify) _____

Health: _____ Excellent _____ Good _____ Fair _____ Poor Do you have a disability? Yes No
If yes, what _____

Are you currently taking any medication? Yes No If yes, what type(s) & dose(s) _____

Have you had any serious illness or injuries? Yes No If yes, please specify? _____

Previous Counseling: _____ Creighton Counseling & Psychological Services
If applicable, would you like to see the same person again? Yes No
_____ Private Therapist _____ Other College Counseling _____ Other (specify) _____
If applicable, please indicate when and whom you saw _____

I have read and have been given a copy of the Center's brochure including practices related to confidentiality.

Signature _____

Revised 7/05

**COUNSELING AND PSYCHOLOGICAL SERVICES
PROBLEM ASSESSMENT QUESTIONNAIRE**

INSTRUCTIONS: Below is a list of problems people sometimes face. Carefully read each problem. Then for each problem which is currently causing you distress, circle the appropriate response to the right indicating the current amount of distress. Then circle the appropriate response which indicates how long you have had this problem. If a problem is **NOT** causing you distress, then do **NOT** rate the duration of concern.

HOW MUCH ARE YOU CURRENTLY DISTRESSED BY:	CURRENT AMOUNT OF DISTRESS					DURATION OF CONCERN (do not rate, if problem is not a concern)					
	Not at All	A Little Bit	Some	Quite A Bit	A lot	0-6 Days	1-4 Weeks	1-6 Months	1/2-1 Year	1-3 Years	Over 3 years
	1. Anxiety, worry, tension, panic	0	1	2	3	4	1	2	3	4	5
2. Stress management	0	1	2	3	4	1	2	3	4	5	6
3. Concentration, distraction, focusing	0	1	2	3	4	1	2	3	4	5	6
4. Death or impending death of significant person	0	1	2	3	4	1	2	3	4	5	6
5. Depression, sadness, guilt, hopelessness	0	1	2	3	4	1	2	3	4	5	6
6. Distress to past abuse, painful memories	0	1	2	3	4	1	2	3	4	5	6
7. Perfectionism	0	1	2	3	4	1	2	3	4	5	6
8. Physical health, headaches, muscle aches	0	1	2	3	4	1	2	3	4	5	6
9. Self-esteem/self-confidence	0	1	2	3	4	1	2	3	4	5	6
10. Sleeping problems	0	1	2	3	4	1	2	3	4	5	6
11. Test anxiety/speech anxiety/performance anxiety	0	1	2	3	4	1	2	3	4	5	6
12. Breakup/loss of relationship	0	1	2	3	4	1	2	3	4	5	6
13. Dating concerns	0	1	2	3	4	1	2	3	4	5	6
14. Developing independence from family	0	1	2	3	4	1	2	3	4	5	6
15. Loneliness, homesickness	0	1	2	3	4	1	2	3	4	5	6
16. Making friends	0	1	2	3	4	1	2	3	4	5	6
17. Relationship with family/parents/siblings/children	0	1	2	3	4	1	2	3	4	5	6
18. Relationship with friends/roommates/peers	0	1	2	3	4	1	2	3	4	5	6
19. Relationship with romantic partner/spouse	0	1	2	3	4	1	2	3	4	5	6
20. Sexual concerns	0	1	2	3	4	1	2	3	4	5	6
21. Sexual identity/orientation issues	0	1	2	3	4	1	2	3	4	5	6
22. Shyness, being ill at ease with people	0	1	2	3	4	1	2	3	4	5	6
23. Academics/school work/grades	0	1	2	3	4	1	2	3	4	5	6
24. Career confusion/major	0	1	2	3	4	1	2	3	4	5	6
25. Learning disabilities (reading, writing, math)	0	1	2	3	4	1	2	3	4	5	6
26. Procrastination/getting motivated	0	1	2	3	4	1	2	3	4	5	6
27. Study skills/time management/test taking strategies	0	1	2	3	4	1	2	3	4	5	6
28. Uncertain about future/life after college	0	1	2	3	4	1	2	3	4	5	6
29. Mood swings, hallucinations, disorientation	0	1	2	3	4	1	2	3	4	5	6
30. Alcohol/Drugs	0	1	2	3	4	1	2	3	4	5	6
31. Compulsive with gambling/internet/spending	0	1	2	3	4	1	2	3	4	5	6
32. Disciplinary write-ups or violation of rules	0	1	2	3	4	1	2	3	4	5	6
33. Disordered eating-restrictive eating, bingeing, purging	0	1	2	3	4	1	2	3	4	5	6
34. Disordered eating-over-eating	0	1	2	3	4	1	2	3	4	5	6
35. Irritability, anger, hostility	0	1	2	3	4	1	2	3	4	5	6
36. Suicidal feeling/thoughts	0	1	2	3	4	1	2	3	4	5	6
37. Sexual assault/rape/unwanted sex	0	1	2	3	4	1	2	3	4	5	6
38. Religious/spiritual concerns	0	1	2	3	4	1	2	3	4	5	6
39. Weight problems/body image	0	1	2	3	4	1	2	3	4	5	6
40. Adjustments to the University	0	1	2	3	4	1	2	3	4	5	6
41. Assertiveness	0	1	2	3	4	1	2	3	4	5	6
42. Finances	0	1	2	3	4	1	2	3	4	5	6

CREIGHTON UNIVERSITY
COUNSELING & PSYCHOLOGICAL SERVICES
CLIENT CONFIDENTIALITY

In accord with professional, legal, and ethical guidelines established for providers by the American Psychological Association, the American Counseling Association, and Creighton University, Counseling and Psychological Services maintains records of all counseling sessions, assessments, and other professional contacts. These records are restricted to the internal use of the Center's professional staff. The records are kept in locked files in a secure, locked room within the Center. Center appointments are scheduled on the computer using a software program that is secured and protected by passwords. The Center cannot assure the confidentiality and security of any correspondence through email.

Visits to the Center are not part of a student's academic record. Information regarding a student's involvement at Counseling and Psychological Services is released only with the student's written permission and only to specific and clearly identified individuals, or as the result of a court order.

You are entitled to know if the professional you are seeing is receiving clinical supervision and by whom. Confidential information about your work at the Center will be shared as part of clinical supervision for the purpose of training, licensure laws and quality assurance. Be assured that information about you does not go beyond these professional clinical supervisory relationships without your express, written permission. You may request to meet with the supervisor of your professional and/or the director of the Center at any time.

However, confidentiality is not guaranteed in the following circumstances: situations involving imminent danger and/or risk of imminent danger/harm to yourself or others; child or elder abuse; some legal situations (for example, use of mental condition as a legal defense, a legal charge by you against the institution, or subpoena of your records). Your professional is required to disclose certain information in order to protect you and/or others, and will only disclose information if protection is not assured otherwise. Usually, your professional will discuss with you the procedures for doing this and will enlist your assistance in resolution of the situation that has necessitated such disclosure.

Effective professional work at the Center requires an atmosphere of privacy and mutual trust. We feel it is important to discuss these issues of privacy and confidentiality at the outset of counseling so that there are no misunderstandings regarding them and so that you know what to expect from us. If you have any questions regarding any of this at any time, your professional and/or your professional's supervisor will be glad to discuss and answer them with you.

Client Signature _____ Date _____

Counselor's Signature _____ Date _____