

# Label

Name: \_\_\_\_\_

MRN #: \_\_\_\_\_

Student ID #: \_\_\_\_\_

## Mental Health Clinic Intake Assessment

Welcome to the Mental Health Clinic at Boynton Health Service. Before your first appointment, we'd like to know some things about you and your concerns. This will assist us in helping you find what you are looking for.

What kind of services are you seeking?

\_\_\_ Individual counseling \_\_\_ Medication evaluation/treatment \_\_\_ Couples counseling \_\_\_ Medical social work  
\_\_\_ Group counseling \_\_\_ Brief problem solving \_\_\_ Required letter/documentation \_\_\_ Alcohol/Drug assessment

Please describe the primary issue for your visit. You may use the descriptions on the back of this form to assist you with your description. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

There are some services that we are presently unable to offer or offer on a limited basis.

- **ADD/ADHD:** In order to be considered for ADD or ADHD medication treatment, you must provide us with copy of your comprehensive ADD or ADHD evaluation for review prior to scheduling your first medication appointment in the Mental Health Clinic. The Medical Social Worker can provide you with resources if you require an evaluation-- 612-624-8182.
- **Eating Disorders:** We provide an Eating Disorder Therapy program in coordination with medical and nutrition services. We do not offer intensive Eating Disorder Treatment (including treatment for anorexia). Contact the Medical Social Worker for resources-- 612-624-8182.
- **Long Term Therapy:** The Mental Health Clinic utilizes a short-term model of psychotherapy. This means that we are able to offer eleven individual or couples therapy visits within the period of one year. The Medical Social Worker can provide you with resources-- 612-624-8182.
- **Legal Assessments:** We are unable to provide legal assessments, with the exception of chemical health assessments. The Medical Social Worker can provide you with resources-- 612-624-8182.

Psychiatric Hospitalizations/Past Treatment:

Mental Health Professional/Clinic:	Situation/condition treated:	Dates seen:
_____	_____	_____
_____	_____	_____

What medications, if any, are you currently taking or considering resuming?  
\_\_\_\_\_

The mental health professional that you will see at your first appointment will review the information that you have provided. It is possible that they will want to talk to you by phone before you come in for the first appointment. At what phone number may we reach leave a confidential message?

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Age \_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_ Email Address \_\_\_\_\_  
Mo/Day/Year

Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Graduate \_\_\_ Professional \_\_\_

Major area of study: \_\_\_\_\_ Referred by \_\_\_\_\_

**If you are feeling acutely suicidal you must notify the Mental Health Clinic front desk so they can arrange for you to speak with an Urgent Counselor.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

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The following are some terms and short descriptions of key areas of concerns for which students often seek help at our clinic. If any of these areas of concern are causing significant distress for you at this time, please consider listing them on the front page of this form.

Relationship issues may refer to difficulties in communication, respect, expectations, demands, fidelity, break-up or other aspects of romantic, family, work, friendship, roommate or school associations with others.

Situational anxiety is anxiety that appears to be directly related to an identifiable situation.

General anxiety is anxiety associated with worry about several different areas of concern. The term is usually used to refer to worry and anxiety that is present more days than not for at least six-months in duration. However, it is common for general anxiety to have been present for years.

Depression refers to persistent or recurrent sadness or inability to enjoy things. It is often accompanied by one of more disturbances in sleep, energy, concentration, and appetite. If you believe that your depression is directly related to an event, difficult relationship, or environmental circumstances you may want to describe this as a situational depression.

Mood swings is a general term that is used colloquially to refer to a broad range of mood states that include being very emotionally reactive to little events, moods frequently varying from depression to feeling normal, or more significant changes of mood between prolonged states of depression to a sense of high energy associated feelings of elation or irritability (which may indicate hypomania or mania). If you have mood swings some indication of how these are experienced is helpful (e.g. irritable in response to minor upsets)

Panic /anxiety attacks are characterized by the rapid onset of anxiety within a few minutes often occurring with little or no provocation. Panic attacks are associated with additional physical and emotional symptoms which may include rapid or pounding heart, shortness of breath, dizziness, trembling, a sense of detachment from your surrounding or body, and a fear of dying or going crazy. Gradual build up of anxiety to a “panicky” state usually doesn’t indicate a panic attack.

Obsessions are intrusive thoughts or imagery that are recurrent and uncomfortable. Although obsessions can be about many different issues, the most common are excessive concern about germs, dirt and/or contamination, uncertainty leading to checking, health concerns, violent or sexual imagery, and unusual rules that may need to be followed to avoid feeling uncomfortable or to avoid a perceived negative consequence. Obsessions are usually associated with compulsions.

Compulsions are motor or mental acts that are frequently repeated and cause distress or take up an excessive amount of time (e.g. an hour or more per day). These may include cleaning, hand washing, arranging, following self-imposed rules, checking, and counting among other behaviors.

Bulimia refers to a condition associated with certain behaviors and thoughts centered around eating including a concern about body image or gaining weight and attempts to control weight by forcing oneself to throw-up, exercising excessively, or using laxatives or water pills.

Anorexia refers to a condition in which a person is overly concerned about weight, has difficulty accurately perceiving the image of their body, and tries to limit or lose weight by restricting calories which results in a significant weight loss below what would be expected for their height.

Social Anxiety is anxiety in specific social situations (such as speaking) or in social encounters in general. Anxiety is accompanied by recurrent worry that one will embarrass oneself by one’s speech or actions or worry that others are always scrutinizing one’s speech and behaviors.

Academic difficulties can refer to a broad range of problems including difficulty studying, procrastination, test anxiety, and academic probation and may represent the cause or effect of mental health problems such as depression and anxiety. For academic difficulties that are not accompanied by significant emotional issues, students might want to first consider seeking assistance at University Counseling and Consulting Services where specialized academic and career counseling is available.

Attentional problems refer to problems sustaining focus and concentration. The most common reasons for problems with attention in University students are depression and anxiety, or the consequences of excessive use of marijuana or alcohol. A smaller percentage of students experience these difficulties due to Attention Deficit Disorder (ADD).

Post-trauma symptoms are associated with exposure to a threatening situation outside the range of normal experience such as childhood physical or sexual abuse, sexual assault, a life threatening accident, natural disaster, or combat. They can include emotional numbing, difficulty recalling the traumatic event, excessive recall of the event in dreams or daytime recollections, always being on guard, and avoidance or cues that remind one of the trauma.

Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

### Authorization for Release of Verbal Information

Client information is confidential. This means that information that you provide to this clinic will not be released to any source outside of Boynton Health Service without your written permission.

Exceptions to this policy include:

1. The reporting to county authorities of suspected abuse or neglect of children or vulnerable adults.
2. The informing of appropriate others if there is a clear and imminent danger of possible harm to you or another person.
3. The releasing of records pursuant to a valid court order signed by a judge.

In some cases patients may prefer that other individuals be involved with their treatment plan or may anticipate that other interested parties may call in the future in attempts to assist with their care. If this is true for any of the persons listed below, you may want to consider granting advance permission for us to speak with these parties. Please provide us with the names and phone numbers of such individuals and sign your name granting us permission. Granting this permission for release of verbal information is voluntary. The release of written records requires separate written permission.

This release will take effect on the date signed and will be in effect for one year. Permission may be canceled with written notification. Canceling permission will not have any effect on information released prior to the notification of cancellation.

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I authorize Boynton Health Service Mental Health Clinic to discuss my clinical care with the following individuals for the purpose of assisting me in dealing with my condition.

#### Spouse/Significant Other

Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

#### Parent (s)

Name (s) \_\_\_\_\_ Phone \_\_\_\_\_

#### University Department (s)

- Disability Services       University Counseling and Consulting

#### Other (s) e.g. Academic Advisor, Athletic Trainer, Doctor, Therapist

Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_ Phone \_\_\_\_\_

*Patient Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

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**BOYNTON HEALTH SERVICE  
MENTAL HEALTH  
FAIL/LATE CANCEL POLICY**

Print Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

I, \_\_\_\_\_ understand that failed and late-cancelled appointments jeopardize the ability of Boynton Health Service Mental Health Clinic to provide appropriate care to address my needs and the needs of other patients and I agree to the following:

I agree to attend all scheduled appointments and group sessions.

If I arrive 10 or more minutes late I may be asked to reschedule and the appointment will be considered Late Cancel.

Please note; email reminders are a courtesy provided by Boynton to assist patients. If you do not receive an email reminder and do not cancel an appt according to the policy, you will receive a late cancel/no show fee.

If I am unable to attend a scheduled appointment or group session, **I agree to call and cancel the appointment before 1 p.m. the day prior to my appointment.** In cases of extraordinary circumstances that arise **after 1 p.m. the day prior to my appointment** which prevent me from keeping my appointment (e.g., physical illness), I agree that I will still call and inform the clinic that I will be missing my appointment.

**I understand that failure to cancel my appointment before 1 p.m. the day prior to my appointment will result in being assessed a fail/late fee.** This fee is due when billed. Failure to pay this fee upon receipt of the billing statement may result in the charge being transferred to the student accounts receivable and/or an interruption of services. Student accounts receivable may assess additional fees to collect this balance.

**There is a \$15 fee for all Fail/Late Cancel group sessions.**

**The Fail/Late Cancel fee schedule for individual appointments is as follows:**

First incidence within six months - \$15

Second incidence within six months - \$30

Third incidence within six months - \$45

**Any further failed or late-cancelled appointments with in a six-month period will result in being assessed a \$45 fail/late-fee.** This fee will be assessed for all further fails until I have complied with the policy for at least six months without fails. At that time the original fail fee schedule will be followed. In certain cases Boynton Health Service reserves the right to terminate care based on patterns of non-compliance with this policy.

**In addition, I acknowledge that failing or late-canceling two scheduled appointments in a row or three appointments within six months at Boynton Health Service Mental Health Clinic will result in a scheduling hold being placed on my account.** This means I will not be able to schedule appointments with the Mental Health department. This hold can only be removed by presenting in person at the Boynton Health Service Patient Accounting Office (N325). All outstanding fail-fees must be paid at that time. Once the hold is removed and fail-fees have been paid, I must present in person at the Mental Health Clinic to schedule my next appointment.

**Termination of care will end the responsibility of the Boynton Health Service Mental Health Clinic to see me as a patient.** I understand it will then be my responsibility to find another mental health clinic to continue my care with and that the Boynton Health Service Mental Health Clinic will work with me to facilitate this transfer of care. In such circumstances the Boynton Health Service Mental Health Clinic will be willing to provide urgent consultation for up to 30 days after I have received notification of my ineligibility to be seen at the Boynton Health Service Mental Health Clinic.

I recognize that Boynton Health Service will be under no obligation to pay for any mental health care following termination from the Mental Health Clinic. It will be my sole responsibility to cover these expenses.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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