

University of Texas at Tyler Psychology & Counseling Training Clinic Client Online Screening Form

Initial Information:

Name: _____ Date: _____

Age (must be over 18): _____ Gender: _____

Are you a student athlete? Yes _____ No _____

Days and times of availability for sessions: _____

How many hours of counseling do you anticipate wanting: _____

Referral Source/Instructor: _____

Graduate or Undergraduate Student? _____

Current Address: _____

Best Phone Number: _____ Can we leave a message? _____

Clinical Information

Read over these limits to confidentiality. If your student counselor feels these subjects have been met, they may need to break confidentiality.

1. Intent to harm yourself (Suicide)
2. Intent to harm another individual (Homicide)
3. Knowledge of the abuse or neglect of a child, elderly population or other vulnerable individual
4. If records are mandated by a court judge

Q. Are you currently receiving any kind of counseling? If yes, where?

Q. Are you currently involved in any court procedures? If yes, what?

Q. In general, what would you like to talk about in counseling? Do not have to be super specific just a general idea so your counselor knows how they can help.

Q. Have you ever been hospitalized for a mental health concern? If so, when and what for?

Q. Have you ever been given a mental health diagnosis by a mental health provider or physician? If so, what and when.

Q. Do you take any medications for mental health issues? Anti-anxiety, anti-depressants, any medication that may affect the counseling process.

Q. Do you currently have any physical health diagnoses or concerns that would affect the counseling process?

Q. Are you currently using any substances other than alcohol and marijuana?

Q. Have you ever had thoughts of suicide? If yes, please answer the other questions to the best of your ability.

➤ Q. How recent was your last thought of suicide

➤ Q. Did you ever have a plan for suicide?

➤ Q. Have you ever attempted suicide?

Thank you for taking time to fill this out, some of these questions were hard to answer, but we appreciate your honesty and it will help our counselors be able to provide you with the services and resources you need. Please email this completed form to utpsycoun.clinic@uttyler.edu and someone will get back to you within 24-48 hours. Please know completion of this form is not a guarantee that you will be seen by the training clinic. For any other questions or concerns please email the clinic email as seen above.