

School Counseling Services Program

*RPVCMG/"Confidential Record"******

School: _____

*******In-Take Date:** ___/___/___

Provider Name: _____ Credential: _____

Cl. Name: _____ Sex: ___ F or ___ M

DOB ___/___/___ Race _____ Age: _____ Grade: _____ ESE: ___ Y or ___ N

Address _____

City, State, Zip _____

Parent / Guardian: _____

Lives with: _____

Telephone: _____ Cell Phone: _____

Email Address: _____

Favorite Food: _____

Favorite Class / Subject: _____

Best Grades (subject): _____ Worst Grades (subject): _____

Behavioral Indicators of Success & Progress (self report & provider interview):

Perception of Why Referred (self report):

Clinical Interpretation of Why Referred:

Tx Preference: ___ Group ___ Individual *********

Misc Hx

(self report):

Counseling Hx: ___Y or ___N **Diagnosis Hx:** ___Y or ___N **Med Hx:** ___Y or ___N
How Long What Dx Med Name

Relevant Bio/Psych/Socio/Spiritual:

___ Divorce ___ Death ___ Legal ___ Substance ___ Sexual ___ Violence

___ "Group Think" ___ Adjustment (school, home, peers) ___ Academic

___ Disability (phys). ___ MH Family History ___ Other: _____

Mood: ___ Pleasant ___ Cooperative ___ Upbeat ___ Depressed ___ Flat ___ Agitated
___ Defiant ___ Labile ___ Confused ___ Lethargic ___ Other: _____

Intro Checklist (check as each topic is discussed / explained with client):

- Confidentiality & Exceptions (safety, school schedule, missing, billing record, groups)
- Supervision / Consultation
- ESE Limitation (if applicable)
- Self Determination – missing, quitting, mandatory, helper role
- Miracle Question (Satir)
- Tx Planning (Groups, Individual, changes, methods, games, music, art, professional)
- Referral & Permission Slip / Phone Verification - Name & Number Spoken to:
- Informed Consent (guardian) / Assent (youth)

Provider Sign: _____

LaRose Sign (if applicable): _____ LaRose Review Date: ___/___/___