

COUNSELING AND PSYCHOLOGICAL SERVICES
UNIVERSITY OF NEBRASKA-LINCOLN, UNIVERSITY HEALTH CENTER
Confidential Personal Data Sheet

TODAY'S DATE _____

UNL ID # _____

LEGAL NAME _____

Last (Family)

First

Middle

Date of Birth ____/____/____ Age ____ Male Female Transgender

Local Address _____

Street address

Zip

Phone Number _____ Work Phone _____

Email Address _____

Permanent Address _____

Street address

City

State/Country

Zip

Emergency Contact (optional) _____ Relationship _____ Phone _____

Living unit

____ Fraternity/Sorority

____ Off Campus

____ Residence Hall

Relationship

____ Single

____ Married

____ Cohabiting

____ Divorced

____ Partner (GLBT)

____ Separated

____ Widowed

Who referred you to our services

____ Advisor/Professor/TA

____ Coach/Athletic Staff

____ Family Member

____ Friend

____ Health Center Staff

____ Online Screening

____ Real Men/Real Depression

____ Residence Hall Staff

____ Self

____ Other _____

Ethnicity

____ African American

____ Alaskan Native

____ Asian American

____ Biracial/Bicultural

____ Hispanic/Latino

____ International

____ Native American

____ White

Year in school

____ Freshman

____ Sophomore

____ Junior

____ Senior

____ Graduate

____ Dental

____ Law

College currently enrolled in _____ major _____

Have you previously received psychological counseling? No Yes

If yes, where _____

Are you currently using psychiatric medication? No Yes

Have you ever been prescribed psychiatric medication that you are not currently taking? No Yes

If yes, please specify _____

Please list any and all medications you are currently taking: _____

Do you have any physical or medical problems, or any other disability? No Yes

If yes, please describe _____

Briefly describe what concerns prompted you to make this appointment: _____

CLIENT CONFIDENTIALITY

Your Rights and Responsibilities

In accord with professional, legal, and ethical guidelines established for providers by the American Psychological Association, the American Counseling Association, the American Psychiatric Association, the National Association of Social Workers, and the University of Nebraska-Lincoln, Counseling and Psychological Services maintains records of all counseling. All Counseling and Psychological Services records are kept separate from other University Health Center records and are accessible only to Counseling and Psychological Services staff and other University Health Center medical providers on a need-to-know basis. Information regarding your involvement at Counseling and Psychological Services is released only with your written permission and only to specific and clearly identified individuals or in the event of a court order.

In some situations involving danger and/or risk of imminent harm to yourself or others, child abuse, or certain legal situations (for example, your use of a mental condition as a legal defense), your counselor is required to disclose certain information in order to protect you and/or others. If at all possible before releasing information, your counselor 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 counseling 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, your counselor will be glad to discuss them with you and answer them to the best of his or her ability.

Client Signature _____

Date _____

Counselor Signature _____

Date _____

INSURANCE INFORMATION

The University Health Center offers services at a discount to students who have paid student fees; however, it is not a substitute for major medical insurance. Students should be covered by their own or their parent's insurance policy. If you have insurance coverage be sure you bring your insurance card with you when you visit the University Health Center. You will also need to bring the mailing address, birth date and social security number of the person carrying the insurance (policyholder). The patient is responsible for obtaining pre-authorization for services if needed.

If you do not have insurance coverage, the University of Nebraska does offer a low-cost group policy which was developed for UNL students. For more information, visit the University Health Center's website www.unl.edu/health/ or contact the University Health Center Business Office at 402-472-7435.