WEST TEXAS COUNSELING & GUIDANCE

Referred by: _____ **Date**: _____

Crisis Intake Form – Adult/Minor

The information requested on this form will be kept confidential. Please fill out the form as completely as possible.

Client Information

Legal Name (First, MI, Last) _____

Preferred Name _____ Birth Date ____/____/_____ SSN _____

Street Address_____City_____

State _____Zip_____ Home phone_____Cell phone_____

Email _____ May we send email correspondence ☐ Y ☐ N

For appointment reminders, may we: ☐ Call ☐ Leave a message ☐ Text ☐ None Prefer: ☐ Cell ☐ Home

Have you ever received outpatient treatment (counseling, therapy, psychiatrist) for mental health issues?

☐ Y ☐ N If yes, when and where?_____

Have you ever been hospitalized or received inpatient treatment for mental health issues? ☐ Y ☐ N

If yes, when and where?_____

Have you previously attempted suicide? ☐ Y ☐ N If yes, please list date(s) of attempts and method used.

Do you currently have access to a firearm? ☐ Y ☐ N

Have you ever lost someone you care about to suicide? ☐ Y ☐ N

If yes, who and when?_____

Who lives at home with you? _____

Have you or anyone in your family experienced domestic violence or abuse? ☐ Y ☐ N

Have you experienced domestic violence in the last 6 months? ☐ Y ☐ N

Are you concerned about affording treatment/would your copay be a barrier to treatment? ☐ Y ☐ N

Are you experiencing auditory/visual hallucinations? ☐ Y ☐ N

Emergency Contact: Name_____ Contact number_____

Relationship to the client_____

SUICIDE COGNITION SCALE - SHORT FORM (SCS-S)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. No one can help solve my problems.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
2. I am completely unworthy of love.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
3. Nothing can help solve my problems.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4. It is impossible to describe how badly I feel.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
5. I can't cope with my problems any longer.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
6. I can't imagine anyone being able to withstand this kind of pain.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
7. There is nothing redeeming about me.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
8. I don't deserve to live another moment.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
9. No one is as loathsome as me.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

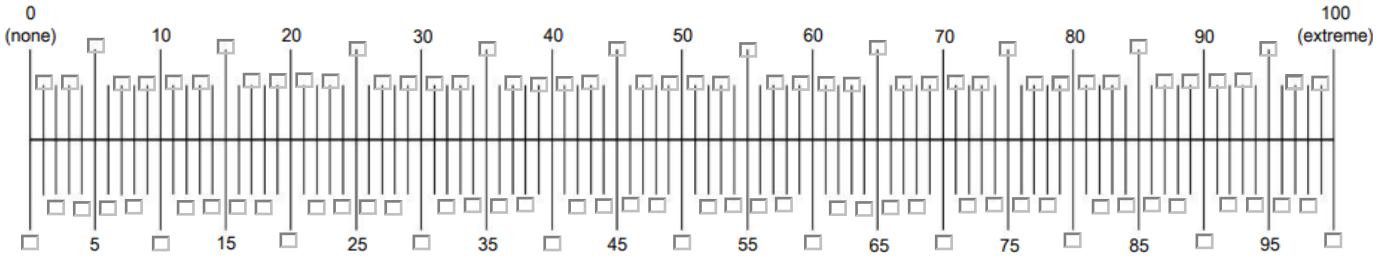
Scoring for use by therapist only:

ADD COLUMNS: ____ + ____ + ____ + ____

TOTAL = ____

SUICIDE VISUAL ANALOG SCALE (S-VAS)

Show how extreme you are experiencing the urge to kill yourself <u>right now.</u> Check the hash mark corresponding to the number below.



What other information is it important for your therapist to know?

If being completed for a minor, is there a legal document outlining custody? Yes _____ No _____ NA _____

Is the minor a victim of bullying? Yes _____ No _____ NA _____

General Anxiety Disorder (GAD-7)

NAME _____ DATE _____

1. Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
• Feeling nervous, anxious, or on edge	☐ 0	☐ 1	☐ 2	☐ 3
• Not being able to stop or control worrying	☐ 0	☐ 1	☐ 2	☐ 3
• Worrying too much about different things	☐ 0	☐ 1	☐ 2	☐ 3
• Trouble relaxing	☐ 0	☐ 1	☐ 2	☐ 3
• Being so restless that it's hard to sit still	☐ 0	☐ 1	☐ 2	☐ 3
• Becoming easily annoyed or Irritable	☐ 0	☐ 1	☐ 2	☐ 3
• Feeling afraid as if something awful might happen	☐ 0	☐ 1	☐ 2	☐ 3
Add the score for each column				
TOTAL SCORE *(add your column scores)*				
	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	☐ 0	☐ 1	☐ 2	☐ 3

GAD-7 developed by Dr. Robert L. Spitzer, Dr. K. Kroenke. et.al.

Patient Health Questionnaire- 9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Circle your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	◯	◯	◯	◯
2. Feeling down, depressed, or hopeless	◯	◯	◯	◯
3. Trouble falling or staying asleep, or sleeping too much	◯	◯	◯	◯
4. Feeling tired or having little energy	◯	◯	◯	◯
5. Poor appetite or overeating	◯	◯	◯	◯
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	◯	◯	◯	◯
7. Trouble concentrating on things, such as reading the newspaper or watching television	◯	◯	◯	◯
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	◯	◯	◯	◯
9. Thoughts that you would be better off dead or of hurting yourself in some way	◯	◯	◯	◯

FOR OFFICE CODING *0* + _____ + _____ + _____

=Total Score: _____

If you circled <u>any</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Telehealth/TeleCounseling

Telehealth/Telecounseling refers to diagnosis, consultation, billing, client education, and professional education/training delivered via electronic technology. This allows clinicians at West Texas Counseling & Guidance to connect with clients using interactive video/audio data communication. One benefit is that the client and clinician can engage in services without physically being in the same location. This can be beneficial if the client moves to a different location or is unable to meet in person for appointments. It can also serve as an opportunity for treatment that may not be accessible for the client in their location.

Some of the WTCG therapists practice both face to face and telecounseling means for appointments, please visit with the receptionists to determine if these options are available to you. On occasion, appointments may be switched between the two types of sessions if appropriate and both parties have the capacity.

Crisis Management Plan:

I understand that in the event of an emergency/crisis, or if the therapist is unable to clearly determine factors to ensure my own safety or that of someone else in the middle of my session, my therapist has the right to contact the following individuals for additional assistance:

1) Personal Contact:_____

   Phone Number(s):_____

2) Personal Contact: _____

   Phone Number(s):_____

3) Professional Contact:_____

   Phone Number(s):_____

I understand if deemed necessary, my therapist may request a Welfare Check to be completed, contact local authorities and/or 911. Lastly, my therapist may also make recommendations for alternative treatment or refer me for a next available crisis appointment with WTCG staff.

Acknowledgement of these forms

The information written on this packet is accurate, to the best of my knowledge.

_____ _____

Signature of Client Date

WEST TEXAS
COUNSELING & GUIDANCE

Informed Consent for Psychotherapy/Counseling & Receipt of Privacy Practices

I have been provided with a printed copy of the *Explanation of Psychotherapy/Counseling Services and Notice of Privacy Practices* packet. In addition, the therapist/counselor/clinical social worker has provided a verbal explanation of psychotherapy/counseling/clinical social work services and privacy practices, to include exceptions to confidentiality. I have been afforded an opportunity to review the *Explanation of Psychotherapy/Counseling Services and Notice of Privacy Practices packet*, other pertinent information, and to ask questions. All questions have been answered to my satisfaction. I am making an informed decision, free of any coercion, to engage in psychotherapeutic/ counseling/clinical social work services, and for purpose of research to have my non identifiable information used. If I would like to withdraw my non-identifiable information from data collection and evaluation, I must submit this request in writing to reception@wtcg.us. I understand that I will not be denied services based on my withdrawal from data collection.

If deemed necessary or appropriate to participate in telecounseling services at West Texas Counseling & Guidance, I agree to the Informed Consent for Telehealth/Telecounseling provided in the Informed Consent for Psychotherapy/Counseling & Receipt of Privacy Practices. I have the opportunity to discuss the telehealth policies with my therapist and ask any questions I may have in regard to telecounseling services prior to participation.

_____ _____
Signature of Client / Guardian or Parent if client is a minor Date

_____ _____
Signature of WTCG Staff Date

WEST TEXAS COUNSELING & GUIDANCE

Demographics

Gender
- ☐ Male
- ☐ Female
- ☐ Non-binary/3rd gender
- ☐ Prefer to self-describe

_____

- ☐ Prefer not to say

Sexual Orientation
- ☐ Straight/Heterosexual
- ☐ Gay or Lesbian
- ☐ Bisexual
- ☐ Prefer to self-describe

_____

- ☐ Prefer not to say

Do you identify as transgender?
- ☐ Yes
  - ☐ FTM
  - ☐ MTF
- ☐ No
- ☐ Prefer not to say

Preferred Pronouns: ☐ She/Her/Hers ☐ He/Him/His ☐ They/Them/ Their ☐ Other _____

Relationship status: ☐ Single ☐ Significant other ☐ Cohabitating ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Are you Hispanic or Latino? : ☐ Yes ☐ No ☐ Refused

Regardless of your answer to the prior question, please indicate how you identify yourself (Mark all that apply):
☐ Black/African American ☐ Asian ☐ White ☐ American Indian/Alaskan Native
☐ Native Hawaiian/Pacific Islander ☐ Other _____ ☐ Refused

Are you currently a student? : ☐ Yes ☐ No ☐ Refused

Education - Highest Level of Education Competed:
☐ Less than High School Diploma ☐ High School Diploma/ GED ☐ Some College, No Degree
☐ Associate's Degree ☐ Bachelor's Degree ☐ Graduate Degree ☐ Refused

Employment: ☐ Employed 1-39 Hours (Part Time) ☐ Employed 40+ (Full Time) ☐ Unemployed, Looking for work
☐ Unemployed, Not looking for work ☐ Retired ☐ Disabled, Not Able To Work ☐ Refused

Household Income: (total combined gross income of all members of a household earned in the last calendar year.)
☐ $0 - $9,999 ☐ $10,000 - $19,999 ☐ $20,000 - $29,999 ☐ $30,000 - $39,999 ☐ $40,000 - $49,999
☐ $50,000 - $59,999 ☐ $60,000 - $69,999 ☐ $70,000 - $79,999 ☐ $80,000 - $89,999 ☐ $90,000 - $99,999
☐ $100,000 or more ☐ Refused

In the Past 30 Days, have you –
Experienced Homelessness: ☐ Y ☐ N How many days: _____
Been hospitalized for mental health/substance abuse treatment: ☐ Y ☐ N How many days: _____
Been hospitalized for medical treatment: ☐ Y ☐ N How many days: _____
Interacted with Law Enforcement (arrest, ticket, etc.): ☐ Y ☐ N How many days: _____

Acknowledgement

☐ The information written on this form is accurate, to the best of my knowledge.
☐ I decline to provide demographic information.

_____ _____
Signature of Client / Guardian or Parent if client is a minor Date

WEST TEXAS
COUNSELING & GUIDANCE
VETERAN SERVICES

Date: _____

Military Program Eligibility Form

The information requested on this form will be used to help determine eligibility for services provided to U.S. military service members and their families. Please fill out the form as completely as possible.

Client's First Name_____Last Name_____

1. Has the client ever served in the U.S. Military? ☐ Y ☐ N

What is your current military status?

☐ Active Duty
☐ Prior Service
☐ National Guard/Reserves

2. Is the client related to any of the following who have ever served/or are currently in the U.S. military? ☐ Y ☐ N

☐ Spouse
☐ Parent

If you answered no to questions 1 or 2, you do not have to continue this form.

3. Please fill out the below for yourself the veteran sponsor's information:

a. Dates of service: from_____to_____

b. Service Connected Disability ☐ Y ☐ N

c. Rank ☐ Enlisted ☐ Officer ☐ Warrant Officer

d. Branch ☐ Navy ☐ Marine ☐ Army ☐ Coast Guard ☐ Air Force ☐ Space Force

Eligibility of military or dependent status established by following documentation

Individuals requesting services and claiming eligibility must provide documentation before they will be seen under a grant. Please see the example of documents below needed to verify eligibility. If an individual is a family member, eligibility of the service member and the relationship to the service member is required by our grant funding.

Veterans

- ☐ DD Form 214, Certificate of Release or Discharge from Active Duty
- ☐ NGB-22, National Guard Report of Separation and Record of Service
- ☐ NA Form 13038, Certification of Military Service
- ☐ Department of Veterans Affairs (VA) official letter or disability letter
- ☐ E-Benefits summary letter
- ☐ Uniform Services Identification Card
- ☐ State of Texas Issued Driver License with Veteran designation
- ☐ Certificate verifying Active Duty Status from Department of Defense Manpower Data Center (ONLY –currently serving active duty)

Family Member

- ☐ Uniform Services Identification Card
- ☐ Marriage Certificate - Must have one of the above with sponsors' proof of Veteran Status
- ☐ Birth Certificate - Must have one of the above with sponsors' proof of Veteran Status
- ☐ Adoption Certificate - Must have one of the above with sponsors' proof of Veteran Status

Surviving Spouse

- ☐ Uniform Services Identification Card
- ☐ Marriage Certificate - Must have one of the above with sponsors' proof of Veteran Status
- ☐ Death Certificate - Must have one of the above with sponsors' proof of Veteran Status

Copy of eligibility documents provided and included in chart
Alert has been created in chart stating "needs military documentation".

Staff Member_____ **Date** _____