

**CLIENT INFORMATION SHEET**  
**Oklahoma State University**

**Alcohol and Substance Abuse Center**  
**336 Student Union (405) 744-2818**

Please provide the following information. This information will be kept in your confidential record and used to facilitate the counseling process.

If ASAC needs to contact you, would you prefer:

\_\_\_ A non-identifying voicemail message (“This is Melody, please call me at XXXX.”)

\_\_\_ A message identifying ASAC as the caller (This is Melody with the Alcohol & Substance Abuse Center, please call me at XXXX)

\_\_\_ Please do not contact me.

\_\_\_ Home Phone ( ) \_\_\_\_\_

\_\_\_ Work Phone ( ) \_\_\_\_\_

\_\_\_ Cell Phone ( ) \_\_\_\_\_

\_\_\_ Other Phone ( ) \_\_\_\_\_

<b>Last Name</b>		<b>First Name</b>		<b>MI</b>	<b>Today's Date</b>		
<b>Campus Wide ID (CWID) #</b>		<input type="checkbox"/> <b>Transgender</b> <input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>		<b>Age</b>	<b>Birthdate</b>		
<b>Local Street Address</b>				<b>City/Zip Code</b>			
<b>Hometown(s):</b> _____							
<b>Employed at</b> _____ <b>; hours per week</b> _____							
<b>What is your OSU college?</b> <input type="checkbox"/> Agriculture <input type="checkbox"/> Arts & Sciences <input type="checkbox"/> Business <input type="checkbox"/> Engr, Arch & Tech (CEAT) <input type="checkbox"/> Education <input type="checkbox"/> Human Envr Sciences <input type="checkbox"/> University Acad Svcs <input type="checkbox"/> Graduate College <input type="checkbox"/> Vet Med <input type="checkbox"/> Nonstudent		<b>Class</b> <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Special  <b>Currently enrolled at:</b> <input type="checkbox"/> Not enrolled <input type="checkbox"/> OSU <input type="checkbox"/> NOC-Stillwater <b>Credit hours enrolled in this semester:</b> _____		<b>Semester/Year first entered OSU</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____ <b>Major:</b> _____ <b>Minor:</b> _____ <b>Cumulative GPA:</b> _____ <b>Attend Class Regularly:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Academic Probation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Ethnicity</b> <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American - Tribal Affiliation/Nation _____ <input type="checkbox"/> International student from _____ Other: _____	
<b>Housing</b> <input type="checkbox"/> Residence Hall <input type="checkbox"/> Local/Off Campus <input type="checkbox"/> Fraternity/Sorority <input type="checkbox"/> University Apts <input type="checkbox"/> Commuter		<b>Relationship Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Live with Partner <input type="checkbox"/> Have Boyfriend <input type="checkbox"/> Have Girlfriend <input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<b>Please indicate who referred you to the Student Counseling Center:</b> <input type="checkbox"/> Self <input type="checkbox"/> Friend <input type="checkbox"/> Parent/Family <input type="checkbox"/> Residence Hall Staff <input type="checkbox"/> University Health Services <input type="checkbox"/> Wellness Center Dietician <input type="checkbox"/> Student Judicial Affairs <input type="checkbox"/> OSU/Stillwater Police <input type="checkbox"/> Court <input type="checkbox"/> Professor/Instructor/Faculty <input type="checkbox"/> Academic Advisor/Academic Svcs <input type="checkbox"/> Fraternity/Sorority <input type="checkbox"/> Coach/Trainer/Sport _____ <input type="checkbox"/> Personal Physician or Psychiatrist <input type="checkbox"/> Student Disability Services <input type="checkbox"/> Alcohol and SA Center <input type="checkbox"/> Other: _____ Was the person who referred you a current or previous client at ASAC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>Have you previously been a client at Alcohol &amp; Substance Abuse Center or Student Counseling Center?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, when?</b> _____							
If your name has changed since you were last seen at SCC, please provide your former name: _____							
<b>Have you ever been in counseling or therapy or been hospitalized for drug addiction/alcohol/mental health reasons?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, when and where?</b> _____							

Please describe the concerns you would like to discuss with a counselor:

Please check all issues/concerns that you believe apply to your current situation:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Career/Major Indecision          | <input type="checkbox"/> Body Image                    | <input type="checkbox"/> Anxiety             |
| <input type="checkbox"/> Relationship                     | <input type="checkbox"/> Eating Disorder               | <input type="checkbox"/> Depression          |
| <input type="checkbox"/> Family                           | <input type="checkbox"/> Sexual Assault/Rape           | <input type="checkbox"/> Stress              |
| <input type="checkbox"/> Sexual Orientation               | <input type="checkbox"/> Learning Disability           | <input type="checkbox"/> Academic Difficulty |
| <input type="checkbox"/> Alcohol/Drug                     | <input type="checkbox"/> Death of Family Member/Friend |  |
| <input type="checkbox"/> Financial                        | <input type="checkbox"/> Other _____                   |  |
| <input type="checkbox"/> Arrest – Brief Explanation _____ |  |  |

Please check current symptoms:

- Suicidal Feelings
- Difficulty Concentrating
- Difficulty Sleeping
- Frequent Tiredness
- Lack of Motivation
- Changes in Appetite
- Other \_\_\_\_\_

Please indicate the seriousness of the concerns with which you are dealing:

1   2   3   4   5   6   7

Not very serious                        Very serious, I am in crisis

Please list all medications taken within the last 5 years, both prescription and nonprescription:

Name and dosage of medication	Health Condition Requiring This Medication	Dates taken
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

Other medical conditions not listed above: \_\_\_\_\_

**FAMILY HISTORY:** Please provide information regarding your immediate family (i.e., parents, brothers, sisters, spouse/partner, children, etc). If your parents divorced, how old were you? \_\_\_\_\_

Name	Age	Relationship	Occupation	Any Mental Health Issues or addictions? If so, please list
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In the event of an emergency, is there someone we have your permission to contact?

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

Phone number: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



- 4) Court Order: A court order, issued by a judge, may require the Alcohol and Substance Abuse Center staff to release information contained in records and/or require a counselor to testify in a court proceeding.

**Please Note: The exceptions to confidentiality are extremely rare.** However, if they should occur it is the Center's policy that, whenever possible, we will discuss with you any action

that is being considered. Legally we are not obligated to seek your permission, especially if such a discussion would prevent us from securing your safety or the safety of others. If disclosure of confidential information does become necessary, we will release only the information necessary to protect you or another person, or only that which is required by law.

## II. RESPONSIBILITIES

### Participation:

Your active participation in the counseling process is essential for progress to be made. Counseling sessions typically last 50 minutes. Your promptness for these sessions will allow you to take full advantage of your appointments. Once you have been assigned to a counselor, if you are unable to attend your session, please cancel your appointment by calling the ASAC 24 hours in advance. Failure to cancel your appointment 24 hours in advance will result in a charge to your Bursar account according to the fee schedule.

### Feedback:

The Alcohol and Substance Abuse Center staff is interested in any positive or negative feedback you may have regarding the services you receive. You will have an opportunity to provide feedback at the end of your counseling on our evaluation form. You are, of course, welcome to provide us with feedback at any time during the counseling process. If, for any reason, you are not satisfied with the counseling process, we encourage you to discuss this first with your counselor. You may also request an appointment with the Coordinator of Counseling to discuss possible reassignment or other counseling options or concerns.

## III. GENERAL INFORMATION

### Counseling Records:

You will be asked to provide us with information about yourself prior to your first meeting with a counselor. This information will help us better understand your situation and plan service. Counseling files are NOT part of academic records, and no one has access to them except the staff of the Alcohol and Substance Abuse Center. Complete records are maintained for seven years.

Information from your counseling records that does not identify you may be used for research and program evaluation purposes. This information will remain confidential and only be used in aggregate format in research.

### Missed Appointments:

If you miss two scheduled appointments without rescheduling, we will assume you are no longer interested in our services. You may, of course, request services again at any time. **Appointments must be cancelled at least 24 hours in advance to avoid charges to your bursar account. To cancel or reschedule an appointment, please call 744-5472 – you may leave a voice message if necessary.**

### Emergency Services:

In an emergency, when the Alcohol and Substance Abuse Center is not open, contact the Oklahoma State University Police at 744-6523 or 911. The police will contact the counselor on call, who will get in contact with you.

### E-mail Policy:

Given that E-mail is never fully confidential, it is our policy to never use E-mail for communication of any kind with Alcohol and Substance Abuse Center clients.

### Audio/Video Taping:

Your counselor may be a graduate-level counseling student under the supervision of the professional staff. We may seek your written consent to video or audio tape your counseling sessions. This is done so that the counselor can review sessions in order to aid the counseling process. The files are confidential and erased after use

If you have any questions about these guidelines please feel free to discuss them with your counselor.

I HAVE READ AND UNDERSTAND THE GUIDELINES FOR SERVICES ON BOTH PAGES OF THIS DOCUMENT, AND CONSENT VOLUNTARILY FOR SERVICES DESCRIBED IN THESE GUIDELINES.

\_\_\_\_\_  
Client Signature (please sign in ink)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

**OKLAHOMA STATE UNIVERSITY**  
**ALCOHOL AND SUBSTANCE ABUSE CENTER – SERVICE AGREEMENT**  
**336 Student Union                      405-744-2818**

The Alcohol and Substance Abuse Center (ASAC) operates on a Fee for Service system. Please (1) read this agreement carefully, (2) consult the receptionist or your counselor for clarity, and (3) sign this statement to acknowledge receipt of information explaining our fee schedule and policies.

- 1) Some fees for services can be charged through your bursar account or you can pay for them in cash at the time of service. Bursar charges may be paid immediately to avoid having them appear on any printed or mailed statements (sent to parents). You are responsible to pay these fees at the Bursar's Office if you do not want them mailed. **If charges from the ASAC appear on your statement, they will be listed as "Health Services - O."** No reference to counseling will show on the statement. When paying directly to the Bursar, you must designate that your payment is for "Health Service" charges. Otherwise, the amount of payment will simply be subtracted from your account balance.
- 2) A Fees for Service schedule is below for your information and use.
- 3) There is a 12-session limit per fiscal year (July 1 through June 30). \*
- 4) "No shows" for counseling sessions will be charged according to the Fees for Service schedule. **If an appointment is not cancelled at least 24 hours prior to appointment time, the appropriate charge will be assessed. This includes no-show appointments that occur before the fifth session. Failure to keep two consecutive appointments will result in your scheduled appointment time being opened up to other students.**
- 5) You must assume full responsibility for payment of your service fees. The ASAC will not assume responsibility for collecting fees from your insurance company. It is your responsibility to pay the fee and then file any insurance claim. Do not assume that because you have insurance all service fees will be reimbursed. You are responsible for learning the restrictions of your particular insurance coverage.

\* **On the rare occasion a student is seen beyond 12 sessions, it will be at a rate of \$20 per session.**

<b>FEES FOR SERVICE</b>			
Individual Counseling	No Charge for Intake and Sessions 1-4 Sessions 5-12 each session \$10.00		
Family Substance Abuse Counseling	No Charge for Intake and Sessions 1-4 Sessions 5-12 each session \$15		
Group Counseling	6-week, 12-week, 24-week available	Court Ordered Group Charges	
	No charge for non court ordered groups	6 weeks	\$20.00
	No charge for group screening	12-24 weeks	\$40.00
Alcohol and Drug Assessment	120 minutes		\$175.00
DUI Evaluation/Assessment	120 minutes		\$175.00
Public Intoxication, Minor in Possession, Fake ID	120 minutes		\$ 55.00
<b>These charges must be paid in cash or check at the time the appointment is scheduled-these charges cannot be billed to your bursar account.</b>			

**I HAVE READ THE ABOVE STATEMENTS AND AM PREPARED TO ASSUME FULL RESPONSIBILITY FOR PAYMENT OF FEES FOR SERVICES RECEIVED AT THE ALCOHOL AND SUBSTANCE ABUSE CENTER.**

Client Signature (please sign in ink)

Date

Print Full Name