

**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 stored electronically (records generated prior to 08/2006 may still be in paper form) 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 outside the University Health Center 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 \_\_\_\_\_

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## 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 covered by their own or their parent's insurance policy should be sure to bring their insurance card when they visit the University Health Center. They 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.

The University of Nebraska does offer a low-cost group policy which was developed for UNL students. For more information about the Healthy Option Student Plan, visit the University Health Center's website [www.unl.edu/health/](http://www.unl.edu/health/) or contact the University Health Center Business Office at 402-472-7435.