



BELAKU

ALVA'S COUNSELLING CENTRE



COUNSELLING FORMAT

Name : _____

Date : _____

Register No : _____

File No. : _____

New PG Building, Vidyagiri Moodubidire, D.K. 574227
Contact No.: +91 7353311573, Office No. 08258 - 236385
Email : alvascounsellingcell@gmail.com
website : www.alvas.org

BELAKU

ALVA 'S COUNSELLING CENTRE

CONCENT FORM

Students come to Alva's Counselling Centre (ACC) for a variety of problems and concerns. Typically, a student will be seen for an intake/evaluation process that may take a few sessions. During that time the student and a counsellor will work together to determine what might prove most helpful to the student. In most cases, this will involve brief individual or group psychotherapy at ACC. Students need ongoing, weekly therapy, or specialized care are assisted in finding appropriate referrals to other settings.

At ACC, individual sessions are 30-45 minutes long and group sessions ranges from 1 hours. Please come to your appointment on time as we will not be able to extend the session time due to lateness. Students are expected to make every effort to cancel appointments 24 hours in advance so that another student in need of an appointment can use that time.

Involvement in Administrative Actions:

Students sometimes come to ACC requesting intervention on their behalf in response to academic or disciplinary difficulties. As a matter of policy, ACC does not intervene in related administrative decisions regarding individual students

Staff Supervision and Consultation:

The staff of ACC is comprised of professionals with differing areas of expertise, and includes those who work under the supervision of senior staff. To provide you with the best service possible, we may discuss your situation with other staff members of ACC. In addition, some information is collected and used to carry out administrative tasks. All information shared among these professionals is treated as confidential.

Privacy of Information and Confidentiality:

ACC will release information regarding a student's use of the services or personal information only if the student signs a written authorization that meets certain legal requirements, or in certain rare circumstances which legally require us to disclose this information regardless of the client's authorization. A client may

authorize ACC to release records or to disclose other information to individuals of the client's choosing. The following situations do not require the authorization of the client.

Child Abuse: If we, in our professional capacity, have reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon him or her which causes harm or substantial risk of harm to the child's health or welfare (including sexual abuse), or from neglect, including malnutrition, we must report such condition to the appropriate state department of social services.

Health Oversight: The licensing authorities of the professions represented in ACC have the power, when necessary, to subpoena relevant records should any counsellor be the focus of an inquiry.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and we will not release information without written authorization from you or your legally appointed representative, or a court order.

Serious Threat to Health or Safety: If you communicate to your counsellor an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the apparent intent and ability to carry out the threat, we must take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization. We must also do so if we know you have a history of physical violence and we believe there is a clear and present danger that you will attempt to kill or inflict bodily injury upon an identified person. Furthermore, if you present a clear and present danger to yourself and refuse to accept further appropriate treatment, we have an obligation to take reasonable actions to ensure your safety. These actions could include involuntary hospitalization or notifying your family or others who could assist in protecting you.

Professional Records: ACC is required to keep records of your contacts with us. Counselling records include reasons for consulting with ACC, diagnosis (if appropriate), client's social and medical history, any past treatment records received from other providers, notations of any professional consultations. Clients may examine and/or receive a copy of their clinical record, if requested in writing, unless the Counsellor believes that such access might be harmful to the client. In those situations, clients have a right to a summary and to have the record sent to another mental health provider or to a designated legal representative. Due to their content,

clinical records can be misinterpreted and/or be upsetting to untrained readers. Accordingly, we may determine that clients should review their records in the presence of their counsellor.

Your signature below indicates that you have read Information about Services and agree to the conditions it describes.

Students ID:

Birth date:

Name:

Residence or hostel address:

Preferred phone number:

Email:

May ACC contact you by email? Please check: Yes ☐ No ☐

May ACC send you text message appointment reminders?

Please check: Yes ☐ No ☐

Signature: Date:

Signature of the support Person: Date:

Relationship:

Case History

1. Socio-demographic profile :
 - a. Name of the client :
 - b. Age :
 - c. Sex :
 - d. Marital status :
 - e. Educational qualification :
 - f. Occupation :
 - g. Income/ family income :
 - h. Religion :
 - i. Permanent Residence (With Contact No.) :
 - j. Present Address (With Contact No.) :
2. Referred by :
3. Informant :
4. Emotionally attached with :

5. Relationship towards _____ :

a	Teachers	Cordial	Uncordial Mild/Moderate/Severe
b	Peers	Cordial	Uncordial Mild/Moderate/Severe
c	Wardens	Cordial	Uncordial Mild/Moderate/Severe
d	SWO	Cordial	Uncordial Mild/Moderate/Severe

6. Hobbies/interests _____ :

7. Family type _____ :

Nuclear () Extended (), Joint ()

8. Family history _____ :

Sl. No.	Name	Age	Sex	Relationship with Client	Educational qualification	Occupation	Health
1							
2							
3							
4							
5							
6							

9. Family Tree :

10. Childhood history :

11. Chief complaints :

12. History of present illness :

13. History of physical illness (If any):

14. History of Psychiatric Illness (If any) :

15. Mental Status Examination :

a. General appearance and behavior :

b. Mood :

c. Perception :

d. Thought :

e. Memory :

f. Judgment :

16. Emotional reaction of the client :

1	Shock		2	Crying spells	
3	Anger		4	Loneliness	
5	Fear/anxious/worries		6	Isolated/rejected	
7	Denial		8	Guilt	
9	Sad/grief				

17. Diagnosis :

18. Referred to :

19. Treatment plan :

Signature of the Counsellor

Signature of the Client

Signature of the Support Person with relationship

Address :

.....

.....

Date

Follow up Treatment:

Alva's Counselling Centre

