NC STATE **Counseling Skills Chatbot**

Client Intake Form

Personal Information

First	Middle	Last
Alex		Johnson

Age	Date of Birth *(mm/dd/yyyy)*	Pronouns
18	05/10/2004	they/them

Identity

1. Please indicate your racial and/or ethnic identity. Please use Other to write your racial and/or ethnic identity if it is not listed below. Feel free to select all that apply.

- [ ] American Indian or Alaska Native
- [ ] Asian or Asian American
- [ ] Black or African American
- [ ] Hispanic or Latino
- [ ] Middle Eastern
- [ ] Multiracial
- [ ] Native Hawaiian or Other Pacific Islander
- [x] White American or European American
- [ ] American Indian or Alaska Native
- [ ] Asian or Asian American

2. Please indicate your gender identity. Please use Other to write your gender identity if it is not listed below. Feel free to select all that apply.

- [ ] Woman
- [ ] Man
- [ ] Cisgender
- [x] Transgender: _____
- [ ] Queer
- [ ] Other Identity Not Listed: _____

3. Please indicate your sexual identity. Please use Other to write your gender identity if it is not listed below. Feel free to select all that apply.

- [ ] Asexual
- [ ] Bisexual
- [ ] Gay
- [x] Heterosexual
- [ ] Lesbian
- [ ] Pansexual
- [ ] Queer
- [ ] Other Identity Not Listed: _____

4. Please indicate your current relationship status. Please use Other to write your relationship status if it is not listed below. Please select only one.

- [x] Single
- [ ] Married
- [ ] Divorced
- [ ] Partnered
- [ ] Other Status Not Listed: _____

5. Please indicate your religious and/or spiritual identity.
Please use Other to write your religious and/or spiritual identity if it is not listed below. Feel free to select all that apply.

- [ ] Agnostic
- [ ] Atheist
- [ ] Buddhist
- [ ] Christian(Baptist/Nondenominational/ Pentecostal)
- [ ] Christian (Catholic)
- [ ] Christian (Jehovah's Witness)
- [ ] Hindu
- [ ] Jewish
- [ ] Mormon
- [ ] Muslim
- [x] Spiritual, Not Religious
- [ ] I Don't Know
- [ ] Other Identity/Affiliation Not Listed:

_____

Education

6. Please indicate the highest level of education completed. Please use Other to write your highest level of education completed if it is not listed below. Please select only one.

- [ ] Elementary School
- [ ] Middle School
- [ ] High School
- [x] Some College
- [ ] College
- [ ] Graduate School
- [ ] Professional School
- [ ] Other Education Not Listed:

_____

7. Please indicate current education grade level or school. Please use Other to write your current grade or school level if it is not listed below. Please select only one.

- [ ] Elementary School
- [ ] Middle School
- [ ] First Year High School
- [ ] Sophomore High School
- [ ] Junior High School
- [ ] Senior High School
- [x] First Year College Student
- [ ] Sophomore College Student
- [ ] Junior College Student
- [ ] Senior College Student
- [ ] Graduate School Student
- [ ] Professional School Student
- [ ] Not in School
- [ ] Other School Year/Type Not Listed:

_____

Occupation

8. Are you currently employed?
Please select only one.

- [ ] Yes
- [x] No *(If NO, skip to question #10.)*

9. Please describe your occupation.

_____

_____

_____

Home and Family

10. Please list the people living in your home and your relationship to them.
Please also indicate if you do not have anyone else who lives with you.

I am living at school right now but I usually live at home with my mom and dad and my younger sister who is a junior in high school.

11. Please describe any first-degree relatives (mother, father, siblings, children) and second-degree relatives (aunts, uncles, grandparents, cousins) who currently have, or have had mental health issues.

No one in my immediate family has had any mental health issues. I think my dad's mother may deal with some depression and my uncle on my mom's side might have a drinking problem. My sister is dealing with some health issues right now related to her stomach and eating but I don't really know what it is. They are saying maybe she has some food allergies

Mental Health Diagnosis

12. Have you ever been diagnosed with a mental health condition by a mental health professional?
Please select only one.

- [ ] Yes
- [x] No *(If NO, skip to question #14.)*

13. Please indicate your diagnosis and/or diagnostic category.
Please use Other to write your diagnosis if it is not listed below. Feel free to select all that apply.

- [ ] Anxiety Disorders
- [ ] Attention Deficit/Hyperactivity Disorder
- [ ] Autism Spectrum
- [ ] Bipolar Disorders
- [ ] Conduct Disorders
- [ ] Depressive Disorders
- [ ] Disruptive / Impulse Control/ Conduct Disorders
- [ ] Dissociative Disorders
- [ ] Feeding and Eating Disorders
- [ ] Gender Dysphoria
- [ ] Intellectual Disability
- [ ] Oppositional Defiant Disorder
- [ ] Obsessive Compulsive Disorder
- [ ] Personality Disorders
- [ ] Post-Traumatic Stress Disorder or Other Trauma Related Conditions
- [ ] Somatic Symptom Disorders
- [ ] Substance Related/Addictive Disorders
- [ ] I Don't Know
- [ ] Other Diagnosis/Condition Not Listed: _____

Mental Health Diagnosis

14. Are you currently prescribed medication for a mental health condition? Please select only one.

- [ ] Yes
- [x] No *(If NO, skip to question #15.)*

15. Please indicate the medications you are prescribed.
Name of medication, dosage, and how long have you been using this medication.

I am not taking any medication

Professional Counseling Experience

16. Have you ever participated in mental health counseling? Please select only one.

- [ ] Yes
- [x] No *(If NO, skip to question #19.)*

17. If yes, when was the approximate date of your most recent counseling session? *mm/dd/yyyy*

18. Please share any information about your previous counseling experiences that is helpful for your counselor to know.

Relationship with Alcohol and Other Drugs

19. Has your use of alcohol and/or other drugs ever caused you problems or affected your family, friends, school, work, or social life? Please select only one.

- [ ] Yes
- [x] No *(If NO, skip to question #20.)*

20. Please describe your most recent problems with alcohol and other drugs.
Please indicate the most recent time period in which these problems occurred.

Safety

21. Have you ever thought seriously about harming yourself or someone else?
Please select only one.

- [ ] Yes
- [x] No *(If NO, skip to question #14.)*

22. If you answered YES, when were your most recent thoughts? _____
mm/dd/yyyy

23. If you answered YES, please describe what happened.

24. Have you ever intentionally hurt yourself or someone else? Please select only one

- [ ] Yes
- [x] No *(If NO, skip to question #14.)*

Relationship Safety

25. Has your current or former dating or relationship partner (e.g., boyfriend, girlfriend, partner, wife, husband) ever been physically violent toward you? Physical violence towards you includes, but is not limited to, your body, family, friends, pets, and property. Please select only one.

- [ ] Yes
- [x] No *(If NO, skip to question #14.)*

26. If YES, when did this last happen? _____
mm/dd/yyyy

27. Please indicate how your current or former dating or relationship partner (e.g., boyfriend, girlfriend, partner, wife, husband) has been physically/emotionally violent toward you.
Please select all that apply.

- [x] I HAVE NOT experienced physical or emotional violence from my current or former dating or relationship partners.
- [ ] Comments such as, "you will never find anyone as good as me."
- [ ] Threatening to hurt themselves if you leave the relationship.
- [ ] Trying to control what you do and who you are with.
- [ ] Embarrassing and/or humiliating you in front of others.
- [ ] Blaming you and not accepting responsibility during disagreements.
- [ ] Jealousy and not trusting you.
- [ ] Being physically violent toward you.
- [ ] Other Example of Violent Behavior Not Listed:

_____

28. Has anyone ever touched you, in a sexual way, without your consent?
Please select all that apply.

- [x] I HAVE NOT been touched by anyone in a sexual way without my consent.
- [ ] Being under the age of 16.
- [ ] Being incapacitated due to alcohol and/or other drugs.
- [ ] Being coerced (e.g., "If you loved me, you would do this…").
- [ ] Verbally stating unwillingness (e.g., "No."; "Stop."; "I don't want to.")
- [ ] Physically demonstrating unwillingness (e.g., crying, pushing away, "freezing up," being "passed out," asleep, not engaging, or completely still, etc.).
- [ ] Other Situation(s) Not Listed

_____

_____

_____

29. If yes, when did this last happen? _____

mm/dd/yyyy

Hospitilization

30. Have you ever been admitted to a hospital for mental health issues?

- [ ] Yes
- [x] No *(If NO, skip to question #32.)*

31. If you answered YES, please describe what happened.

Additional Information

32. How did you learn about our services?

My advisor at school contacted me because my GPA has been not so good and I missed my advising appointment and then we talked. She helped me make an appointment here and told me I needed to come to the counseling center.

33. Please provide any other information that you would like your counselor to know at this time.

I feel like I am depressed and lonely. College is not what I thought it was going to be like. I don't really have friends. I tried different things to get involved and none of them worked out and I am not really telling my parents or friends at home and other schools how unhappy I am. I have stopped going as much to class and my grades are starting to go down. I just don't know if I want to stay here at this school any more.

Reason for Counseling

34. Please briefly describe your reasons for starting counseling at this time.

I am really unhappy here at school and not doing well in my classes nor have people I like to hang out with. None of my family really know how much I don't like it here. I don't know if I would have even come here except my advisor told me to. Something has to change or I don't want to be here at school anymore and scared to tell my parents that. Just feels like every time I have tried to do something I just get knocked back down.

Consent

35. I understand that there may be both benefits and risks associated with my participation in counseling. I request and authorize the Counseling Center at my university to provide assessment and counseling services to me or my minor child. If I am consenting for my minor child, I attest that I am her/his/their parent/guardian and that I am legally entitled to authorize assessment and counseling services.

- [x] Yes
- [ ] No

Client Signature Alex Johnson **Today's Date** 10/15/2023

(Please type your name to sign or sign your name, if able) *mm/dd/yyyy*

Counselor Signature _____ **Today's Date** _____

(Please type your name to sign or sign your name, if able) *mm/dd/yyyy*

NC STATE **Counseling Skills Chatbot**

Session Template Note

Session Date: _____ **Session Number:** _____

Client Name: _____ **Client DOB:** _____

Counselor Name: _____ **Start Time:** _____ **End Time:** _____

Overall Goals or Session Goal(s) if different:

Examples of Skills and Intervention(s) used:

Affirmed	Encouraged	Provided feedback	Role played
Assessed	Engaged	Psychoeducation	Summarized
Attempted	Discussed	Questioned	Supported
Built rapport	Examined	Reassured	Supportively confronted
Challenged	Explored	Recommended	Taught
Clarified	Facilitated	Reflected	Tracked
Collaborated	Focused	Refocused	Utilized
De-escalated	Formulated	Reframed	Validated
Developed	Planned	Reinforced	Verbalized
Educated	Prepared	Responded	
Empathetically confronted	Probed	Restated	
	Processed	Reviewed	

Remember to consider and include any theory-related interventions used in the sessions.

Narration of Intervention(s) used:

Client Response/ Summary/ Assessment/ Plan(s):

Signature of Clinician: _____ **Date:** _____

Signature of Reviewer: _____ **Date:** _____

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Sample Progress Note

Client Name: Dena Smith **Date:** 7/7/2023

Start Time: 9:00a **End Time:** 9:50a **Duration:** 50 min

Data:

Dena and this counselor met for her scheduled intake appointment in office.
Client is a 36 year old married female who is self referred for mental health counseling. She reports that she has recently gone back to school to finish an associate's degree in accounting after being a stay at home mom for her son. She reports lately she has been struggling with her motivation to get her schoolwork done and work around the house. She reports that she has been having trouble sleeping where she stays up late and then wants to spend most of the day in bed. She also reports having frequent crying spells.
She also reports that her 16 year old son recently came out as bisexual and she has been struggling with accepting this. She reports a recent fight with her son and not connecting with him and him feeling unaccepted by her. She also stated her husband has been much more supportive of their son's sexuality and the two of them have not been getting along as well. She denied any SI/HI. She denied any substance use history or legal involvement.

Assessment:

Client presented with calm but depressed affect. She was quiet throughout session but answered all questions appropriately. She was tearful at times throughout the intake.
She appears she would benefit from treatment at this time and appears to be internally motivated for treatment.

Plan:

Client is recommended to attend one individual session weekly.
Continue to build rapport and identify treatment goals.

Signature:  **Next Appointment:** 7/21/2023 @ 9:00a

NC STATE Counseling Skills Chatbot

Progress Note

Client Name: _____ **Date:** _____

Start Time: _____ **End Time:** _____ **Duration:** _____

Data:

Assessment:

Plan:

Signature: _____ **Next Appointment:** _____