

Cook Counseling Center Triage

Counselor's Name: S. Lynch Conrad Date: 12/14/05

(Circle One) Face-to-Face Triage Phone Triage

PERSON REQUESTING SERVICE:

Student Peer Faculty/Staff Parent Other (Specify) _____

REASON FOR CALL: Appointment Consultation _____ (Submit to Director.)

Name of Consultee: _____

Reason for call: _____

The information that you provide remains confidential to means that what you discuss with me is not available to permission. Exceptions to this are responses to a court in which there are serious threats of suicide, homicide incapacitated adult. With your written permission, we qualified professionals. Do you have any questions about

I met with student for about 30 min. - he denied

publicidentity

A PROMOTIONAL MARKETING COMPANY

any suicidal or homicidal ideation.

t: 323.297.1360

www.publicidentity.com

Discussed with Student: (circle one) Y N

DEMOGRAPHICS:

Name Seung-Hui Cho Student ID # 904-32-0691 DOB 1/18/84

Phone # _____ Cell # _____ Ok to leave message? Y N

Email address _____ Ok to email? Y N

Currently enrolled? Y N Major _____

Freshman Sophomore Junior Senior Graduate Student Other _____

Are you currently being treated by a mental health or medical professional?

Are you taking any medications? _____

Have you been seen at the CCC before? Y N

If yes, who did you see and when? Counselor _____ When 2 previous triages
11/30/05 & 12/12/05

GPA _____

SAT (V) _____ / (M) _____

CLASS RANK _____ / _____

Appointment scheduled? Y N

(Circle one) Continue Intake Update

Appointment Date _____ @ _____

Scheduled With _____

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The information that you provide remains confidential to the extent provided by law. This means that what you discuss with me is not available to anyone else without your written permission. Exceptions to this are responses to a court order or subpoena or instances in which there are serious threats of suicide, homicide or abuse of a minor child or incapacitated adult. With your written permission, we will provide information to other qualified professionals. Do you have any questions about this?

Discussed with Student: (circle one) Y N

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Scheduled With _____

TYPE OF PROBLEM:

Are you currently having?

Depressed Mood

Relationship Problem

Panic Episodes/Anxiety

Self-destructive behavior

(alcohol/drug abuse, unprotected sex, excessive spending, dangerous behavior)

Have you been hearing voices or seeing things that others do not?

Has there been any traumatic or upsetting event in your life recently? (Such as sexual or physical assault, accidents or loss of someone close)?

DECREASE IN FUNCTIONING:

Are you having trouble with concentration?

Yes

No

Is this a change?

Yes

No

Are you attending classes regularly?

Is this a change?

Are you able to keep up with your class demands?

GPA?

Do you have a job?

Any change in functioning?

Are you able to interact with your friends/family/classmates?

Is this a change?

Has there been any change in your sleeping habits?

Any change in your appetite/eating?

Did not assess - student has had 2 previous triages in past 2 wks - last 2 days ago

Duration?

