Welcome to Eric Cohen Student Health Counseling. Our mission is to empower you and other graduate students on the Health Science Campus of USC with knowledge, skills and support in order to effectively manage challenges that you face so that you can meet academic and personal goals as well as to recognize and assist individuals that are in the midst of struggles/crisis.

**Appointments and Cancellations:** To schedule or cancel an appointment, please call 323-442-5631. In the case of cancellation, we ask that you provide at least 24 hours advance notice when it is possible to do so. For repeated missed appointment or late cancellations, the management of Eric Cohen’s Student Health reserves the right to put special scheduling procedures into place and/or issue service fees. Interventions of this nature would be very rare if initiated but would be discussed with you first beforehand.

**Clinic Hours:** Current clinic hours are posted at the entry points of Eric Cohen Student Health as well as on our web site, which is located at: [http://ecohenshc.usc.edu/](http://ecohenshc.usc.edu/)

**Emergencies:** In the event of a life-threatening or after hour emergency, Eric Cohen staff can be reached by calling 323 442-5631. During business hours you will be able to speak with a staff member. After hours you will first speak with an answering service, which will be able to address your concern or reach the proper Eric Cohen staff member on call. As always, you should do what is most appropriate to address your safety and the safety of others first, including calling 911 or going to the nearest emergency room.

**Questions/Concerns/Problems:** Most questions that you have should be able to be addressed by the Counseling/Psychiatry staff member that you are working with. Should additional questions or concerns arise that you feel cannot be adequately addressed by your provider then you have the option of contacting the Director of Counseling, HSC, Bradley Meier, PhD (323 442-5631 or bradlerm@usc.edu), the Medical Director, Kimberly Tilley, MD, or Cathy Felix, the Clinic Manager. We are here to be of service to you, so your feedback and concerns are important to us.

**Confidentiality:** Counseling and Psychiatry staff maintains confidentiality in accordance with the ethical guidelines and legal requirements of their professions. Counseling records are maintained and stored in an electronic format and kept for at least 7 years from the last date of contact. Counseling records are not accessible by Eric Cohen physicians and are not shared without authorized permission by you, the student. Should you utilize our Psychiatry services, be aware that all Eric Cohen physicians have full access to the Psychiatry records (e.g. medication(s), notes, intake) in order to employ “best practices” regarding medication management. Counseling and Psychiatry staff has full access to each other’s records and confer with each other as needed about students being served. It is also possible that Counseling staff will share mental health information with physicians in instances when there is a desire or need to maintain continuity of care or safety. In such an instance, disclosed information will be limited to what is necessary in order to achieve the desired goal (i.e. safety, continuity of care, appropriate follow up).
With the exception of internal communications noted above, no counseling/psychiatry records or information about you can be released to any individual, authority, institution, or USC School or department without your written permission, except in the following special circumstances:

1) When you or another person(s) are believed to be at risk, the clinician is ethically bound to take necessary steps to prevent such danger, including informing the proper authorities and/or the individual(s) at risk.

2) When information is provided that leads to a suspicion that a child, an elderly individual or someone who is “dependent” on the care of someone else is being neglected, sexually or physically abused or is at risk of such abuse, the clinician is legally required to inform the proper authorities so that necessary steps can be taken in order to provide appropriate follow up and protection.

3) When a valid court order is issued for medical records, the clinician and the agency are bound by law to comply with such requests.

Electronic communication is a matter related to confidentiality. Eric Cohen Student Health staff can only reasonably ensure that necessary steps are taken to protect confidentiality when information is provided directly, via telephone, or through communications from our secure electronic health record; “My SHR.” Eric Cohen staff have no way to ensure or monitor that confidentiality has been maintained with e-mail and other forms of electronic communication outside of this secured electronic system.

Non-licensed staff: Sometimes the Counseling staff of Eric Cohen Student Health employs mental health professionals that are not yet licensed in the state of California. By laws and ethics governing the California Board of Psychology, we are required to inform you of such an instance as well as whom the supervisor of this individual is. Currently there are no un-licensed Counseling staff employed at Eric Cohen Student Health.

I understand the information outlined above and authorize Eric Cohen Student Counseling/Psychiatry services to evaluate, treat, and/or refer me to other providers as is appropriate. My signature below indicates that I have been offered a copy of this consent on the date noted below and that my participation is fully voluntary.

Signature: __________________________Date: _______________ Phone: ________________________________
Printed Name: _________________________________________ Academic Pgm: ____________ Grad Yr: _______

Please check the box to the right if you do not want messages left on the phone number provided: ☐

My signature below indicates that I have conveyed the above information to my patient and that, to my best knowledge, they are competent to understand and sign this document.

Signature of treating Provider: ___________________________ Date: ______________
Please Print Clearly

Name: ____________________________________________________________ Age _____ Sex _____ 

Last, First, Middle

USC ID#________________-________________-_____________________

Place of Birth_________________________________________________Birth Date_________________

Local Address_________________________________________________Apt.#/Unit #_______________

City                                                               State                                                            Zip Code

Preferred:

____Home phone (_____) ________________

____Cell phone (_____) ________________

____Work phone (____) ________________

Permanent Address (if different) __________________________________________________________

City                                                    State                                                  Zip Code

Name of Nearest Relative to Contact in case of Emergency:

Name:__________________________________________________Relationship___________________

Number __( ____)___________________

Physician_________________________________________Phone________________________________

Address _____________________________________________________________________________

_____________________________________________________________________________________  

City                                                    State                                                  Zip Code
Personal History

Have you ever been in counseling and/or psychotherapy before?  No/ Yes

If yes, When were you last treated?________________________________________________________

If yes, What type of treatment did you receive?______________________________________________

Have you ever been hospitalized for psychiatric reason?  No/ Yes

If yes, What were the reason?____________________________________________________________

If yes, When were you hospitalized?________________________________________________________

Medical History

Are you currently taking any medication?  No / Yes – Specify____________________________________

Who prescribed your medication?___________________________________________________________

Have you ever been hospitalized for any physical problem? No/ Yes

Have you had surgery? No/ Yes

Do you have any chronic illnesses? No/ Yes – Specify_________________________________________

Family History

Parents: Marital Status ________________________________________________________________

Father’s Age _______________ Father’s Occupation _________________________________

Mother’s Age ______________ Mother’s Occupation ___________________________

Siblings: No. of Sister (s) ____________ Age of Sister (s)_________________________________

No. of Brother (s) ____________ Age of Brother (s)_____________________________

Spouse: Age______________________ Occupation ____________________________________

Children: No. Of Son (s)______________Age of Son(s)_____________________________

No. Of Daughters(s)_______Age of Daughters(s)_____________________________________

If anyone in your family has been treated for psychiatric/ psychological problem, please indicate who and give a brief explanation of the nature of the problem. _____________________________________

_____________________________________________________________________________________

Briefly indicate what brings you to counseling. _____________________________________________
PERSONAL DATA

Please CHECK all that apply:

Academic Program/Major
☐ Medical Student  ☐ Physician Assistant  ☐ Physical Therapy
☐ Occupational Therapy  ☐ Nurse Anesthesia  ☐ Post PHD
☐ PIBBS / Research  ☐ Medicine Other  ☐ Pharmacy

Degree Pursuing
☐ M.D  ☐ Doctoral  ☐ M.A/ M.S
☐ Fellowship/Post Doc

If “OTHER” selected, please enter what Program: ______________________

How far along are you in completion of your program?

EXAMPLE: If you were a third year Med. student you would be in “3rd – 51%-75%
EXAMPLE: If you are in PIBBS and in your 1st rotation you could either be in “ 1st - 01%-25%” or “2nd -26%-50%”

☐ 1st - 01%-25%  ☐ 2nd - 26%-50%  ☐ 3rd -51%-75%  ☐ 4th- 76%-100%

Sex/Gender:  ☐ Male  ☐ Transgender
☐ Female  ☐ Other

Sexual Orientation:  ☐ Heterosexual  ☐ Bisexual
☐ Gay/Lesbian  ☐ Other

Who referred you to the Counseling Center?
☐ Another Student  ☐ Program Staff  ☐ ECSHS Physician/ Staff
☐ Family  ☐ Faculty  ☐ Self  ☐ Friend  ☐ Other: ______________

Ethnic Background
☐ Asian: Specify: _____________________
☐ African-American /Black  ☐ Caucasian (White)  ☐ Middle Eastern
☐ Latino/Hispanic  ☐ Native American  ☐ Indian
☐ Other: ________________________

Marital Status:
☐ Single  ☐ Married  ☐ Divorced  ☐ Separated
☐ In a Committed Relationship (BUT NOT MARRIED)
☐ Widowed

Where do you live?
☐ Off Campus (Walking Distance)  ☐ Off Campus (Commuter)
☐ University Residence Hall  ☐ Other: _____________

What are your current living Circumstances?
☐ Live with Roommate(s)  ☐ Live Alone  ☐ Live with Spouse
☐ Live with Parents or Other relatives  ☐ Live with Partner
☐ Live with Dependent (Children)  ☐ Other: _____________

Religious Affiliation: ______________________

COUNSELING INFORMATION

Please CHECK all that apply:

☐ 1. Dislike campus rules and regulation
☐ 2. Worry about my eating habits
☐ 3. Worry about my drinking, smoking or drug use
☐ 4. Not adjusting well to a new situation
☐ 5. Have difficulty trusting other people
☐ 6. Do not get along with parents or family
☐ 7. Can’t seem to control my thoughts or behavior
☐ 8. Feeling depressed or unhappy
☐ 9. Having Headaches, indigestion or other Physical problems
☐ 10. Concerned about my marriage / Relationship
☐ 11. Anxious or nervous much of the time
☐ 12. Have fears which seem unrealistic
☐ 13. Worry about past physical or sexual abuse
☐ 14. Very anxious in social situations
☐ 15. Feel tired, dizzy and / or weak
☐ 16. Sexual needs unsatisfied
☐ 17. Wishing I could be different
☐ 18. Having trouble studying
☐ 19. Grades too low
☐ 20. Upset by a recent death
☐ 21. Unsure about my future plans
☐ 22. Having money problems
☐ 23. Bother by insomnia
☐ 24. Disappointed by relationships
☐ 25. Upset about a physical problem
☐ 26. Confused by my sexual role
☐ 27. Struggling with an assault or rape
☐ 28. Struggling with issues of oppression (e.g. racism, sexism, homophobia)
☐ 29. Struggling with bullying, stalking or other mistreatments by others
☐ 30. Bothered by thoughts or actions of violence towards others
☐ 31. Other: ______________________

Please list the numbers of up to 3 main concerns.  1.________________ 2. ________________ 3. _____________
1) In the past two weeks or so, how often have you:
- felt little interest or pleasure in doing things? 0 1 2 3
- felt down, depressed, hopeless? 0 1 2 3
- had thoughts that you would be better off dead or hurting yourself in some way? 0 1 2 3
- had sleep difficulties? 0 1 2 3

0 = NOT AT ALL  1 = SOMETIMES  2 = MOSTLY  3 = ALWAYS/ ALMOST ALWAYS

Within the past year……

2) Have you ever felt you should cut down on your drinking and/or other substance use?
   ___Yes   ___No

3) Have people annoyed you by criticizing your drinking and/or other substance use?
   ___Yes   ___No

4) Have you ever felt bad or guilty or regrets about your drinking and/or other substance use?
   ___Yes   ___No

5) Has your drinking and/or other substance use ever led you to take risks (e.g. driving while intoxicated, unprotected sex) or has it interfered with fully attending to your responsibilities (e.g. studying, financial) or caused you other problems (e.g. legal, relationship?)
   ___Yes   ___No

How interested are you in addressing any of these issues at this time on a zero to ten scale? (circle)

0 1 2 3 4 5 6 7 8 9 10

What would cause your interest to increase/decrease?
GAD- 7 Screening Questions

During the last 2 weeks, how often have you been bothered by the following problems?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More then half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious, or on edge?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Worrying too much about different things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Trouble relaxing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Being so restless that it is hard to sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Becoming easily annoyed or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Feeling afraid as if something awful might happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Total Score: ________ = Add columns: ________ + ________ + ________ + ________

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Interpreting Your Score

Generally, a score of 9 or less is indicative of mild anxiety. We recommend that you follow through with a mental health professional if your score is 10 or greater and / or if any of your responses led you to check off “somewhat difficult, “very difficult, or “extremely difficult” regarding how the problems above impacted you. Eric Cohen student Health has mental professionals that are available to meet you directly to discuss your results or help to find an appropriate provider in the community.

Call us at: (323)442-5631