

# 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 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 \_\_\_\_\_

# Cook Counseling Center Triage

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## 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 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

## DEMOGRAPHICS:

Name Seyng-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 \_\_\_\_\_

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:

|   | Yes | No  |                   | Yes | No  |
|---|-----|-----|-------------------|-----|-----|
| Are you having trouble with concentration?                        | ___ | ___ | Is this a change? | ___ | ___ |
| 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/<br>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?

**ASSESSMENT OF HARM TO SELF OR OTHERS:**

|                    | No Thoughts | Thoughts, Denies Plan or Intent | Thoughts, Plan, No Intent | Thoughts, Plan, Intent | Means | Past Thoughts | Past Attempts |
|--------------------|-------------|---------------------------------|---------------------------|------------------------|-------|---------------|---------------|
| Suicidal Ideation  | ✓           |                                 |                           |                        |       |               |               |
| Homicidal Ideation | ✓           |                                 |                           |                        |       |               |               |

Additional comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER SYMPTOMS:**

Are you having any other symptoms I haven't asked you about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ASSESSMENT OF REASON FOR CALL:**

Referred by St. Albans for follow-up after student was admitted there yesterday and spent the night. He denies suicidal and/or homicidal thoughts. Said the comment he made was a joke. Says he has no reason to harm self & would never do it. Is going home on Saturday. Has last final tomorrow. Did not miss any finals while hospitalized.

TRIAGE DISPOSITION:

Severity rating:

- 1) Extremely Urgent: Refer to Emergency Counselor
- 2) Urgent: No more than one-week delay
- 3) Troubled: Further contact within 2 weeks.
- 4) Developmental: Client is able to wait several weeks. May refer to group or workshops while waiting.
- 5) Skill Developer: May refer to group or workshop or 1 - 2 follow-up sessions may be scheduled when available.
- 6) Information Seeker: Further sessions may not be needed.

OTHER DISPOSITION INFORMATION:

Encouraged him to return for intake in January but did not schedule appt. because he doesn't know schedule. Provided emergency numbers for CCC, Connect, Respond and Access and encouraged him to call one of these #'s if he begins to have suicidal or homicidal thoughts.

Waiting List: Y N

TRIAGE COUNSELOR: Sherry Lynch Conrad, Ph.D. WPA DATE: 12/14/05

SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

Client Name: Seung-Hui Cho (intake) Counselor: CGB

Client ID #: 904-32-0091

Original Appointment Date: Monday, Dec. 12<sup>th</sup> Time: @ 2:00pm

Cancel  R/S Date: \_\_\_\_\_ Time: \_\_\_\_\_

Comments: Didn't want to R/S

Please note this in your client's chart. The front office assumes no responsibility once you receive the cancellation notice. Message taken by: EGE Date: 12/12

# Cook Counseling Center Triage

0691

Counselor's Name: C. Betuel Date: 12/12/05

(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 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

### DEMOGRAPHICS:

Name Seung-Hu Cho Student ID # 904320691 DOB 1/18/1984

Phone # \_\_\_\_\_ Cell # 915 2495<sup>703</sup> Ok to leave message? Y N

Email address ~~sc2@vt.edu~~ sc2@vt.edu 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?  
no

Are you taking any medications? no

Have you been seen at the CCC before? Y N

If yes, who did you see and when? Counselor \_\_\_\_\_ When \_\_\_\_\_

GPA 2.74

SAT (V) 540 (M) 620

CLASS RANK - / 541

Appointment scheduled? Y N

(Circle one) Continue Intake Update

Appointment Date \_\_\_\_\_ @ \_\_\_\_\_

Scheduled With \_\_\_\_\_

TYPE OF PROBLEM:

Are you currently having?

Duration?

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:

|  |                                     |                          |                   |                          |                          |
|--|-------------------------------------|--------------------------|-------------------|--------------------------|--------------------------|
|  | Yes                                 | No                       |                   | Yes                      | No                       |
| Are you having trouble with concentration? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is this a change? | <input type="checkbox"/> | <input type="checkbox"/> |

|                                      |                                     |                          |                   |                          |                          |
|--------------------------------------|-------------------------------------|--------------------------|-------------------|--------------------------|--------------------------|
| Are you attending classes regularly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is this a change? | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------------------|-------------------------------------|--------------------------|-------------------|--------------------------|--------------------------|

|  |                                     |                          |      |       |
|--|-------------------------------------|--------------------------|------|-------|
| Are you able to keep up with your class demands? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | GPA? | _____ |
|--|-------------------------------------|--------------------------|------|-------|

|                            |                          |                                     |
|----------------------------|--------------------------|-------------------------------------|
| Do you have a job?         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Any change in functioning? | <input type="checkbox"/> | <input type="checkbox"/>            |

|   |                          |                                     |                   |                          |                          |
|---|--------------------------|-------------------------------------|-------------------|--------------------------|--------------------------|
| Are you able to interact with your friends/family/<br>classmates? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Is this a change? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|-------------------|--------------------------|--------------------------|

|  |                          |                                     |
|--|--------------------------|-------------------------------------|
| Has there been any change in your sleeping habits? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--|--------------------------|-------------------------------------|

|                                     |                          |                                     |
|-------------------------------------|--------------------------|-------------------------------------|
| Any change in your appetite/eating? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|-------------------------------------|--------------------------|-------------------------------------|

1930

**ASSESSMENT OF HARM TO SELF OR OTHERS:**

|                    | No Thoughts | Thoughts, Denies Plan or Intent | Thoughts, Plan, No Intent | Thoughts, Plan, Intent | Means | Past Thoughts | Past Attempts |
|--------------------|-------------|---------------------------------|---------------------------|------------------------|-------|---------------|---------------|
| Suicidal Ideation  | /           |                                 |                           |                        |       |               |               |
| Homicidal Ideation | /           |                                 |                           |                        |       |               |               |

Additional comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER SYMPTOMS:**

Are you having any other symptoms I haven't asked you about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ASSESSMENT OF REASON FOR CALL:**

Responding to follow up call after cancellation of intake appointment. Stated difficulties were about the same - no worse - but did not want to come in at this time.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRIAGE DISPOSITION:

Severity rating:

- 1) Extremely Urgent: Refer to Emergency Counselor
- 2) Urgent: No more than one-week delay
- 3) Troubled: Further contact within 2 weeks.
- 4) Developmental: Client is able to wait several weeks. May refer to group or workshops while waiting.
- 5) Skill Developer: May refer to group or workshop or 1 - 2 follow-up sessions may be scheduled when available.
- 6) Information Seeker: Further sessions may not be needed.

OTHER DISPOSITION INFORMATION:

Cancelled intake appointment because decided he  
did not want to come in - offered M/S - he  
declined at this time

Waiting List: Y N

TRIAGE COUNSELOR: Cathy Betuel P.S.P.

DATE: 12/12/05

SUPERVISOR: \_\_\_\_\_

DATE: \_\_\_\_\_

# Cook Counseling Center Triage

Counselor's Name: M. Patricia M. Smith Date: 11/30/05

(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 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

## DEMOGRAPHICS:

Name Seung-Hai Cho Student ID # 904-32-0691 DOB 1/18/1984

Phone # 24654 Cell # 95-2495 <sup>703</sup> Ok to leave message?  Y  N

Email address sc2@vt.edu Ok to email?  Y  N

Currently enrolled?  Y  N Major English

Freshman  Sophomore   Junior  Senior  Graduate Student  Other \_\_\_\_\_

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

No

Are you taking any medications? No

Have you been seen at the CCC before? Y  N

If yes, who did you see and when? Counselor \_\_\_\_\_ When \_\_\_\_\_

GPA 2.74

SAT (V) 540 / (M) 620

CLASS RANK — / 541

Appointment scheduled?  Y  N

(Circle one) Continue  Intake  Update

Appointment Date 12/12 @ 2:00pm

Scheduled With CGB

TYPE OF PROBLEM:

Are you currently having?

Duration?

- Depressed Mood ↓ social interactions 2 years
- Relationship Problem does not have any relationships \_\_\_\_\_
- Panic Episodes/Anxiety when having to talk to people always
- 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:

- |   | Yes                                 | No                                  | Is this a change?                   | Yes   | No                                  |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------|-------------------------------------|
| Are you having trouble with concentration?                        | <input checked="" type="checkbox"/> | _____                               | <input checked="" type="checkbox"/> | _____ | _____                               |
| Are you attending classes regularly?                              | <input checked="" type="checkbox"/> | _____                               | <input checked="" type="checkbox"/> | _____ | <input checked="" type="checkbox"/> |
| Are you able to keep up with your class demands?                  | <input checked="" type="checkbox"/> | _____                               | GPA? <u>2.7</u>                     | _____ | _____                               |
| Do you have a job?  | _____                               | <input checked="" type="checkbox"/> |                                     |       |                                     |
| Any change in functioning?  | _____                               | _____                               |                                     |       |                                     |
| Are you able to interact with your friends/family/<br>classmates? | _____                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | _____ | <input checked="" type="checkbox"/> |
| Has there been any change in your sleeping habits?                | _____                               | <input checked="" type="checkbox"/> |                                     |       |                                     |
| Any change in your appetite/eating?                               | <input checked="" type="checkbox"/> | <u>None</u> ↓                       |                                     |       |                                     |

**ASSESSMENT OF HARM TO SELF OR OTHERS:**

|                    | No Thoughts | Thoughts, Denies Plan or Intent | Thoughts, Plan, No Intent | Thoughts, Plan, Intent | Means | Past Thoughts | Past Attempts |
|--------------------|-------------|---------------------------------|---------------------------|------------------------|-------|---------------|---------------|
| Suicidal Ideation  | Ø           |                                 |                           |                        |       | Ø             | Ø             |
| Homicidal Ideation | Ø           |                                 |                           |                        |       | Ø             | Ø             |

Additional comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER SYMPTOMS:**

Are you having any other symptoms I haven't asked you about? NO  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ASSESSMENT OF REASON FOR CALL:**

Ref to CCC by prof. He has been  
depressed & has difficulty in social  
situations. Would like to see Cathye  
since the prof. has talked to her about  
the student.

TRIAGE DISPOSITION:

Severity rating:

- 1) Extremely Urgent: Refer to Emergency Counselor
- 2) Urgent: No more than one-week delay
- 3) Troubled: Further contact within 2 weeks.
- 4) Developmental: Client is able to wait several weeks. May refer to group or workshops while waiting.
- 5) Skill Developer: May refer to group or workshop or 1 - 2 follow-up sessions may be scheduled when available.
- 6) Information Seeker: Further sessions may not be needed.

OTHER DISPOSITION INFORMATION:

Raf: OCC: CB

- Requested Dr. Batzel

12/12/05 left IC msg, must dial to call back to R/S.

e. Bone P30.

Waiting List: Y N

TRIAGE COUNSELOR: Maisha M. Smith, MA.

DATE: 11/30/05

SUPERVISOR: [Signature]

DATE: 12/1/05

