

**Case Management Intake Form**

In an effort to identify resources that might prove useful to you on campus or in the community, please take a few minutes to complete the following form.

Today's Date: _____	Tulane SID#: _____
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**GENERAL INFORMATION:**

Last name:	First:	
Preferred Name:		

Tulane Email Address:	Date of Birth:	Age:	Sex: Gender:
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Local/ Cell phone no.: (    )	Permanent Home phone no.: (    )	* Leave message/send text to this phone number: (    )
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Do you live on-campus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Campus Residence Hall:	Campus Room/ Apt Number:	Do you have a Roommate? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Local/ Off-campus Address:

Street Address:	(if applicable) PO Box:
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City:	State:	ZIP Code:
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TU Status:  Freshman     Sophomore     Junior     Senior     Graduate Student

Degree Being pursued:	Advisor:
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Are you Working?	Hours per week?	Job:
<input type="checkbox"/> Yes <input type="checkbox"/> No		

**INSURANCE INFORMATION: This will be helpful if you choose to seek certain community referrals.**

Please indicate primary insurance     *Copy of Card made by SRSS staff*

Insurance Provider:	Customer Service Phone #:
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**STRESSORS & CONCERNS:**

Please rate the intensity of your stress levels for the following using a 0-10 Rating Scale

0 = not a concern -----→ 10 = extremely stressful

	Physical health concerns		Alcohol/ other drugs
	Anxiety and/or depression		Stress/frustration
	Eating/sleeping concerns		Financial difficulties
	Relationship problems (family, romantic, etc.)		Academic direction/purpose
	Time management/study skills		Code of conduct/ legal
	Sexual health/safety		Other:

**CURRENT SUPPORTS:**

Please note where you get support and help from in your life.

check all that apply

<input type="checkbox"/>	Friends	<input type="checkbox"/>	Family	<input type="checkbox"/>	Mental health provider
<input type="checkbox"/>	Roommates	<input type="checkbox"/>	Fraternity/ sorority	<input type="checkbox"/>	Physician
<input type="checkbox"/>	Significant other	<input type="checkbox"/>	Religion/ faith	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Student organization				

**CURRENT ACTIVITIES:**

Please note groups or organizations with which you are involved.

check all that apply

<input type="checkbox"/>	Fraternity/ Sorority	Specify:	
<input type="checkbox"/>	Athletics: Intramural(s)/Club	Specify:	
<input type="checkbox"/>	Athletics: NCAA	Specify:	
<input type="checkbox"/>	Community Service	Specify:	
<input type="checkbox"/>	TU Student Organization(s)	Specify:	
<input type="checkbox"/>	Other Activities:	Specify:	

**CURRENT PROVIDERS: (health, medical, advocacy, counseling, etc.)**

Please let us know if you are working with another provider on or off campus.

Check all that apply

	Medical Provider	Yes	No	Provider Name:	
		<input type="checkbox"/>	<input type="checkbox"/>	Phone number:	Frequency of appointments:
	Mental Health Provider	Yes	No	Provider Name:	
		<input type="checkbox"/>	<input type="checkbox"/>	Phone number:	Frequency of appointments:
	Other	Yes	No	Provider Name:	
		<input type="checkbox"/>	<input type="checkbox"/>	Phone number:	Frequency of appointments:

**CAMPUS RESOURCES:**

There are several resources that are available to you through Tulane University.

Please check if you would like additional information on the following.

*Check all that apply*

<input type="checkbox"/>	Counseling and Psychological Services	<input type="checkbox"/>	Academic Advising	<input type="checkbox"/>	Financial Aid Office
<input type="checkbox"/>	Student Health Center	<input type="checkbox"/>	Tutoring and Success Coaching	<input type="checkbox"/>	Career Center
<input type="checkbox"/>	Violence Prevention & Support Services	<input type="checkbox"/>	Housing and Residential Life	<input type="checkbox"/>	Center for Wellness & Health Promotion "The Well"
<input type="checkbox"/>	Office of Multicultural Affairs	<input type="checkbox"/>	Office for Gender and Sexual Diversity	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Office of Disability Services - 862-8433	<i>I am receiving ODS services or have applied for Accommodations (optional):</i> Yes <input type="checkbox"/> No <input type="checkbox"/>			

**IN CASE OF EMERGENCY (Banner emergency contact - update if necessary)**

Name:	Relationship to student:	Home phone #: (    )	Work phone #: (    )
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**PERSONAL GOALS:**

Please list at least three goals you would like to achieve this semester with the support of your case manager.

1	
2	
3	
4	
5	

**ACKNOWLEDGEMENTS:**

Please read and initial the information below regarding Case Management expectations.

_____	I understand that case management at Tulane is a support program designed to assist me in my pursuit of a successful college experience. Through a pre-determined schedule of regular meetings, the case manager will help me navigate the university system as well as external systems that may be challenging for me.
_____	I understand that information shared with the Case Manager does not fall under the same confidentiality levels of a health care provider or psychotherapist/ counselor. I understand that every effort will be made to protect my privacy and that information will only be shared in the context of assisting me.
_____	I agree to attend all scheduled meetings with my case manager. If I must miss a meeting due to unexpected circumstances, I agree to notify my case manager ahead of time and reschedule within 24 hours.
_____	I am aware that the Case Manager remains available to provide care coordination, outreach, and support throughout my TU enrollment and to some extent during any leave of absence from academic coursework.
_____	I will notify the Case Manager of any personal problems, illness, or issues impacting my academic performance in efforts to receive appropriate care and support.
_____	I grant permission to the Case Management staff to contact specific offices on campus for information related to my academic performance, services received and/ or student account with them in order to assist with the development and coordination of an action plan for me. This may include, but is not limited to, academic advising, academic department/faculty, career services, financial aid, registrar's office, students with disabilities services, housing & residential life, and conduct.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Drug Screen Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FERPA Signed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Release of Information Signed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No