Fax Proof
Fax 936-4542 • Phone 936-4544
job #313416 Forms

Please indicate any changes to be made clear and large, as faxes do not always transmit clearly.

☐ OK to print  ☐ OK to print after indicated changes  ☐ Make changes and proof this work again

Signed ___________________________________________
Authorization for Release of Confidential Information

I, ___________________________________________          __________________________ hereby authorize
(Name)  (Student ID number)

Vickie Woosley, Psy.D, HSP
Licensed Clinical Psychologist
Vanderbilt University
2601 Jess Neely Drive
Nashville, TN 37212
615.343.2776

_____ To discuss details of my case with my coaching staff
_____ To discuss details of my case with the athletic training and/or medical staff
_____ To discuss details of my case with the Disability Resources for Students Office
_____ To discuss details of my case with my Athletics Academic Advisor
_____ To discuss details of my case with ________________________________
_____ To only verify that I have been attending my counseling sessions
_____ Do not release any information

The information is to be released for the following purpose:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

_______________________________________       __________________________     ___________________
(Student Signature) (Phone Number) (Date)

_______________________________________
(Witness Signature)

This authorization shall remain in effect for/until________________________.

Information sent and/or received through this authorization may not be re-released to another individual or agency.
How May We Contact You?

Unless you indicate otherwise, we will first attempt to contact you regarding appointments directly via telephone. Often, though, it is difficult for us to reach applicants for services in this way. It is our goal to provide services as quickly as possible, so having access to several means of contacting you would help alleviate a potential source of delay. However, we also wish to protect your right to receive these services confidentially. Using the checklist below, please let us know if there are any ways in which you do not want to be contacted. If you have any questions or concerns about how we may contact you, please raise these with your initial interviewer.

If you do not hear from us in a timely manner, or if you have need of our services between now and the time you hear from your assigned counselor, please feel free to call.

Please check any of the following statements that are true. If you have more than one phone number at which we may contact you (e.g., home and work), please specify which statement applies to each number:

___ Do not leave a message, which identifies the caller as being from Vanderbilt Sports Psychology with anyone else who, answers at this number
___ Do not leave any message at all with anyone else that answers at this number
___ Do not leave a message that identifies the caller as being from Vanderbilt Sports Psychology on my answering machine.
___ Do not leave any message at all on my answering machine.
___ Do not write to me in an envelope that identifies it as being from the Vanderbilt Sports Psychology.
___ Do not write to me at all.

Note: We do not communicate with clients via E-mail due to the fact that it is not secure.

Is there anything else we should know that would assist us in making contact? ____________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

____________________________________
Signature
Referral Source: _____________________________________________________________________________________

How urgently do you need our services?  □ Very Urgently  □ Urgently  □ Moderately  □ Not Urgently

Reason for seeking services? ___________________________________________________________________________

Relationship Status:  
☐ Single  ☐ Married  ☐ Living in committed relationship  ☐ Separated Divorced/divorcing  ☐ Widowed

Number of Children _______________

Who do you live with? (Check all that apply):  
☐ Alone  ☐ Roommate(s)  ☐ Spouse/Partner/Significant other  ☐ Child/children  ☐ Family other  ☐ Other

Social Support/Friendships:  
☐ Much Social support, I can discuss the issues that brought me in with others.  
☐ I can discuss the issues that brought me in with one or two close friends/family members.  
☐ Little social support, I find it difficult to discuss the issues that brought me in with others.

Spiritual/religious preference, if any: _____________________________________________________________________

Parent marital status:  
☐ Married  ☐ Divorced  ☐ Separated  ☐ Widowed  ☐ Never married

Your parents currently live in which state(s)? ______________________________________________________________

Previous Psychotherapy?  
☐ No/Never  ☐ In the last 5 years  ☐ More than 5 years ago

Are there any current medical concerns we should be aware of? (Please also include information about past head trauma or past major medical concerns)
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

List all current medications you are taking and reason for taking. Please list the dosage of each, if known:
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

Tobacco use (check all that apply):  
☐ Cigarettes  ☐ Cigars  ☐ Pipe  ☐ Dipping/Chewing tobacco  ☐ Hookah  ☐ Other

Number of times/amount of tobacco per day? ___________________________________________________________

Caffeine use (check all that apply):  
☐ Coffee  ☐ Tea  ☐ Soda  ☐ Energy drink  ☐ Other

Number of times/amount of caffeine per day? ___________________________________________________________
For Students:

Current GPA ________________________                          Cumulative GPA ________________________

Are you satisfied with your academic performance?
☐ Yes       ☐ Slightly concerned       ☐ Moderately concerned       ☐ Seriously concerned

Student Athlete? ________________  If so, what sport(s)? ___________________________________________________

Extracurricular Involvement?

What activities/groups? ________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

How much time per week in extracurricular activities? ________________________________________________
Vanderbilt Sports Psychology
The following information will be held in the strictest of confidence.

Full Name: ____________________________________________________________ Social Security #_________________________
  First                Middle                Last
Local Phone: ___________________________ Cell Phone: ___________________________ Work/Other Phone: ___________________________
  Okay to call? ☐  Okay to call? ☐  Okay to call? ☐
Your Local Address: _______________________________________________________
  Street                  City                  State                  Zip
Please provide another address where you can be reached:
  Secondary Address Type: ☐ Office   ☐ Friend   ☐ Parents   ☐ Other
Secondary Address: _______________________________________________________
  Street                  City                  State                  Zip
  Secondary Phone Number: ___________________________ Okay to call? ☐
Have you had an appointment here before? ☐ Yes   ☐ No
Country of Origin ___________________________ State/Province of Origin ___________________________
Ethnic Origin ___________________________ Date of Birth ___________________________
Gender ___________________________ Sexual Orientation ___________________________
Disability Status ___________________________

Check One:
☐ Student   ☐ Faculty   ☐ Staff   ☐ Partner or Dependent of Student   ☐ Partner or Dependent of Faculty/Staff
If student:
☐ Full-time?   ☐ Part-time?
☐ Freshman   ☐ Sophomore   ☐ Junior   ☐ Senior   ☐ Graduate(Year:_________)   ☐ Professional (Year:_________)
  School/Department ___________________________ Major ___________________________
If Faculty/Staff:
  Department ___________________________ Position ___________________________
  ☐ Full-time?   ☐ Part-time?
If Partner or Dependent:
  Occupation ___________________________
If Minor Dependent:
  Names of Parent(s)/Guardian(s): ___________________________

THIS INFORMATION IS REQUIRED:
In case of emergency, who may we contact locally? ___________________________ (Name)
  Local address: _______________________________________________________
    Street or dorm (Not P.O. Box)                  City                  State                  Zip
    Local phone (other than yours): ___________________________
What is your relationship to emergency contact: ___________________________
To Whom It May Concern:

__________________________________________ was seen in our office on  
__________________________________________.

Sincerely,

Vanderbilt Sports Psychology

This letter hand delivered to ____________________________________ for their  
personal use/discretion.

_________________________________   _________________________
                        Client’s Signature   Date

_________________________________
                    Witness Signature