



The Autonomous & Heritage Institution

KANYA MAHA VIDYALAYA, JALANDHAR

College with Potential for Excellence

Re-Accredited A⁺ by UGC-NAAC

Star Status by DBT

FIST (Phase II)) Supported College

Personal Counselling



Informed Consent Form

Name of the Client: Sameedhi

Date: 12/19/2020

Department: Bachelors of multimedia (B.M.M.)

Welcome to the KMV Counselling Center.

Counselling is conducted in sessions, and each session will take nearly 45 minutes to 1 hour. At the end of the session, timings for next appointment will be fixed. Since this time will be scheduled to meet only you and in case of you not able to come, kindly inform the counselling center in advance, preferably one day earlier.

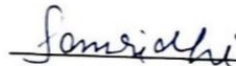
Confidentiality: Whatever you share will be kept confidential and will not be shared with anyone. The only times that we will have to disclose with the management or concerned authorities or relevant persons will be when you inform us about the potentiality of you harming yourself or others.

I understand the clause of confidentiality that is stated above and it has been clearly explained to me by the counselor.



Signature of the Counselor

Date: 12/16/2020

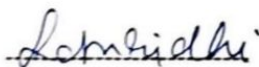


Signature of the Client

The counselling has both benefits and risks. Risks may include experiencing uncomfortable feelings as during counselling those kinds of feelings will be explored. Counselling has shown to be beneficial to those taking it. It helps to feel better, to improve the academic skills, interpersonal relations and greater awareness and to understand one self. But there are no guarantees about what will happen. Counselling requires an active effort on your part. In order to be more successful, you will have to work on things we discuss outside of session.

It is your right to decide to continue counselling or to end the counselling at any point. Or you may ask to be referred to another counsellor.

I have read these aspects mentioned above and as a token of my understanding of the same, I sign below.



Signature of the Client

Informed Consent Form

Name of the Client: Shreuti
Department: Economics

Date: 15th Nov, 2020

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Shreuti

Signature of the Counselor

Date:

Anandeep Kaur

Signature of the Client

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Shreuti

Signature of the Client

Informed Consent Form

Name of the Client:

Department:

Date: 5/11/2020

Welcome to the KMV Counselling Center.

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Signature of the Counselor

Date: 5/11/2020

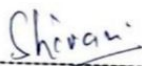


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Signature of the Client

Informed Consent Form

Name of the Client: Ms. Prabhjot Kaur

Date: 4-09-2020

Department: Home Science

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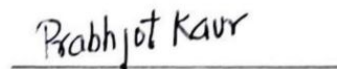
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Signature of the Counselor

Date: 4-09-2020

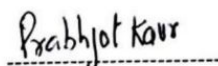


Signature of the Client

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Signature of the Client

Informed Consent Form

Name of the Client: Ishmeet Kaur

Date: 1, Sept, 2020

Department: History

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Amandeep Kaur

Signature of the Counselor

Date: 1 September 2020

Ishmeet Kaur

Signature of the Client

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Ishmeet Kaur

Signature of the Client

Informed Consent Form

Name of the Client: Aksha

Date: 20-10-2020

Department: Sciences

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Signature of the Counselor

Date: 20/10/20



Signature of the Client

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Signature of the Client

Informed Consent Form

Name of the Client: Disha

Date: 10-11-2020

Department:

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Jagriti Negpal

Signature of the Counselor

Disha

Signature of the Client

Date: 10/11/2020

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Disha

Signature of the Client

Informed Consent Form

Name of the Client:

Department: *Chemistry*

Date:

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Signature of the Counselor



Signature of the Client

Date: *15 September, 2020*

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Signature of the Client

Informed Consent Form

Name of the Client: Triguna Thana

Department: Commerce

Date: 10-10-20

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Signature of the Counselor

Date: 10/10/2021

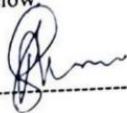


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Signature of the Client

Informed Consent Form

Name of the Client: Pratibha

Department: Commerce

Date: 5 Nov, 2020

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Signature of the Counselor

Date: 5 Nov, 2020



Signature of the Client

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Signature of the Client

MENTAL STATE EXAMINATION

Name: [REDACTED]

Department: B.M.M. (Bachelors
of multimedia)

Grooming: shabby/Neat

Eye contact: Good/Average/poor

Dressing: Appropriate/Not Appropriate

PRESENTING COMPLAINTS:

(Subjective: whatever the client says- verbatim)

Inferiority complex, low self confidence due to her obesity, unable to make or initiate friendship.

FAMILY BACKGROUND:

(Genogram, Parents occupation, Siblings, Substance abuse in family, Socio Economic Status etc.)

Father is a teacher and the mother is a house maker. She has a younger brother. Belongs to a middle class family.



CHILDHOOD HISTORY:

(Developmental delays, academics, Abuses, Friends, Activities, etc.)

Average academic achievement, had good painting skills, had less friends

MEDICAL/ PSYCHIATRIC HISTORY:

(Epilepsy, surgery, any psychiatric medication in any form)

has a medical history of tuberculosis in early teenage. Intake of steroids led to obesity in the later years. No psychiatric history.

REMARKS:

(Observation of the client: Differential Diagnosis)

- Did not like anything about herself.
- Low self worth.
-
-

Therapeutic Intervention/ Psychometric/ Counseling/ Catharsis....etc.

- Talks therapy
- Cognitive therapy
- SWA T analysis.
-
-
-

Home-work assigned/ Referred to: To start exercising and meditating. Start focusing on her painting skills and polishing them more.

Follow Up: Follow up once in a fortnight..

Y. J. J.

Counsellor's Signature

MENTAL STATE EXAMINATION

Name

Department: Economics

Grooming: Neat

Eye contact: Good/Average/poor

Dressing: Appropriate/Not Appropriate

PRESENTING COMPLAINTS:

(Subjective: whatever the client says- verbatim)

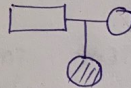
- Poor motivation, loneliness
- Fear of career, body illness
- Stress of studies.

FAMILY BACKGROUND:

(Genogram, Parents occupation, Siblings, Substance abuse in family, Socio Economic Status etc.)

Mother is a teacher. Father is in France.

Single child.



CHILDHOOD HISTORY:

(Developmental delays, academics, Abuses, Friends, Activities, etc.)

Was good in academics, extrovert,

MEDICAL/ PSYCHIATRIC HISTORY:

(Epilepsy, surgery, any psychiatric medication in any form)

NIL

REMARKS:

(Observation of the client: Differential Diagnosis)

- Expressive
- Loneliness
- Concern for her body (physical illness) issues.

Therapeutic Intervention/ Psychometric/ Counseling/ Catharsis....etc.

- PMR Technique.
- Yoga
- Eat healthy & CBT technique.
-

Home-work assigned/ Referred to:

- Spend much time with your good friends & and with family.
- Enjoy your leisure time [i.e. dancing, singing]

Follow Up:

- Come for the regular counseling twice a week.

Amaandeep Kay
✓ Counsellor's Signature

STATE EXAMINATION

Name: [REDACTED]

Department: *Computer Science*

Grooming: shabby/Neat

Eye contact: Good/Average/poor

Dressing: Appropriate/Not Appropriate

PRESENTING COMPLAINTS:

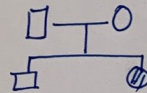
(Subjective: whatever the client says- verbatim)

- *No one loves her*
- *feeling of hopelessness*
- *feel sad all the time.*

FAMILY BACKGROUND:

(Genogram, Parents occupation, Siblings, Substance abuse in family, Socio Economic Status etc.)

- *father serviceman, mother housewife.*
- *one elder brother,*
- *socio-economic status average.*



CHILDHOOD HISTORY:

(Developmental delays, academics, Abuses, Friends, Activities, etc.)

- *Normal childhood.*

MEDICAL/ PSYCHIATRIC HISTORY:

(Epilepsy, surgery, any psychiatric medication in any form)

No Medical / Psychiatric history.

REMARKS:

(Observation of the client: Differential Diagnosis)

- Identity Crisis.
-
-
-

Therapeutic Intervention/ Psychometric/ Counseling/ Catharsis....etc.

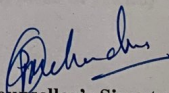
- Cognitive Behaviour Therapy.
-
-
-
-
-

Home-work assigned/ Referred to:

- Positive affirmations.
- Relaxation techniques.

Follow Up:

- once a week.


Counsellor's Signature

MENTAL STATE EXAMINATION

Name: M. [redacted] Kan.

Department: Home Science

Grooming: shabby/Neat

Eye contact: Good/Average/poor

Dressing: Appropriate/Not Appropriate

PRESENTING COMPLAINTS:

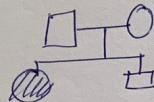
(Subjective: whatever the client says- verbatim)

- feeling low, over thinking, adjustment problem in
- hostel, some issue with room mate.
- Not able to concentrate on studies
- Crying a lot. Home sickness.

FAMILY BACKGROUND:

(Genogram, Parents occupation, Siblings, Substance abuse in family, Socio Economic Status etc.)

- father shopkeeper, mother housemaker.
- one younger brother studying in school.
- middle class.



CHILDHOOD HISTORY:

(Developmental delays, academics, Abuses, Friends, Activities, etc.)

- Normal childhood with normal developmental milestones, Average in studies, no history of abuses.
- Active in extra-curricular activities.

MEDICAL/ PSYCHIATRIC HISTORY:

(Epilepsy, surgery, any psychiatric medication in any form)

- No Medical or Psychiatric history.

REMARKS:

(Observation of the client: Differential Diagnosis)

- Over Emotional
- Lack of confidence
- Home sickness.
-

Therapeutic Intervention/ Psychometric/ Counseling/ Catharsis....etc.

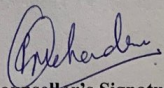
- Counseling is given to make her relax
- and comfortable.
- Discuss adjustment issues
- Management of emotions.
-

Home-work assigned/ Referred to:

Follow up session advised
Once a week.

Follow Up:

Sun day next week.


Counsellor's Signature

MENTAL STATE EXAMINATION

Name: [REDACTED]

Department: History

Grooming: [REDACTED]

Eye contact: Good/Average/poor

Dressing: Appropriate/Not Appropriate

PRESENTING COMPLAINTS:

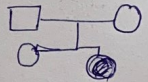
(Subjective: whatever the client says- verbatim)

Issue with family member, low self esteem, lack of control, low self confidence, poor motivation.

FAMILY BACKGROUND:

(Genogram, Parents occupation, Siblings, Substance abuse in family, Socio Economic Status etc.)

Younger sister is studying is 8th standard
Mother is a house-wife and father is a businessman.



CHILDHOOD HISTORY:

(Developmental delays, academics, Abuses, Friends, Activities, etc.)

Two friends only since childhood.

MEDICAL/ PSYCHIATRIC HISTORY:

(Epilepsy, surgery, any psychiatric medication in any form)

NIL

REMARKS:

(Observation of the client: Differential Diagnosis)

- Home sickness.
- Not much talkative.
- Anger issues

Therapeutic Intervention/ Psychometric/ Counseling/ Catharsis....etc.

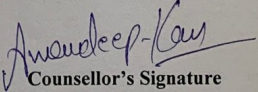
- CBT
-
- Catharsis.
-
-
-

Home-work assigned/ Referred to:

- Write 10 lines about yourself.
- Control your anger.

Follow Up:

Come for regular Counseling once in
a week.


Counsellor's Signature

MENTAL STATE EXAMINATION

Name: [REDACTED]

Department: *Surgeon*

Grooming: shabby/Neat

Eye contact: *✓* Good/Average/poor

Dressing: *✓* Appropriate/Not Appropriate

PRESENTING COMPLAINTS:

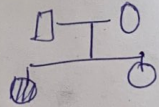
(Subjective: whatever the client says- verbatim)

- *learning issues*
- *Lack of concentration*
- *Career choices / job options*
- *relationship issues*

FAMILY BACKGROUND:

(Genogram, Parents occupation, Siblings, Substance abuse in family, Socio Economic Status etc.)

- *father businessman, mother homemaker*
- *One younger sister studying.*
- *father alcoholic and fighting with mother because of two daughters.*



CHILDHOOD HISTORY:

(Developmental delays, academics, Abuses, Friends, Activities, etc.)

- *Normal developmental milestones.*
- *Good in academics.*
- *Having lots of friends.*

MEDICAL/ PSYCHIATRIC HISTORY:

(Epilepsy, surgery, any psychiatric medication in any form)

No medical or psychiatric history.

REMARKS:

(Observation of the client: Differential Diagnosis)

-
-
-
-

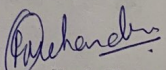
Therapeutic Intervention/ Psychometric/ Counseling/ Catharsis....etc.

- *Counseling*
-
-
-
-

Home-work assigned/ Referred to:

- *Relaxation Techniques*
- *Regular follow-ups.*

Follow Up: *30-10-20 2:30 pm.*


Counsellor's Signature

MENTAL STATE EXAMINATION

Name: [REDACTED]

Department: B.Com Regular

Grooming: shabby/Neat ✓

Eye contact: Good/Average/poor ✓

Dressing: Appropriate/Not Appropriate ✓

PRESENTING COMPLAINTS:

(Subjective: whatever the client says- verbatim)

Low self esteem, feeling left out and neglected due to separation of parents; feeling lonely, lack of motivation.

FAMILY BACKGROUND:

(Genogram, Parents occupation, Siblings, Substance abuse in family, Socio Economic Status etc.)

Father is a businessman and the mother is a teacher. Single child living with her mother. mother supporting the finances and the necessities.



CHILDHOOD HISTORY:

(Developmental delays, academics, Abuses, Friends, Activities, etc.)

an average student with very few friends

MEDICAL/ PSYCHIATRIC HISTORY:

(Epilepsy, surgery, any psychiatric medication in any form)

No psychiatric history. Having mild asthma.

REMARKS:

(Observation of the client: Differential Diagnosis)

- Lack of feeling of affiliation.
- Lack of self esteem
-

Therapeutic Intervention/ Psychometric/ Counseling/ Catharsis.....etc.

- Talk Therapy
- Counselling given to Parents.
-
-
-

Home-work assigned/ Referred to: To spend quality time with both the Parents.

Follow Up: Come for regular counselling once a week.

Joganti Nagpal
Counsellor's Signature

NATAL STATE EXAMINATION

Name: [REDACTED]

Department: Chemistry

Grooming: shabby/Neat

Eye contact: Good/Average/poor

Dressing: Appropriate/Not Appropriate

PRESENTING COMPLAINTS:

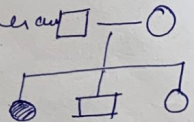
(Subjective: whatever the client says- verbatim)

low self-confidence, unable to concentrate on studies, disturbed family environment- negative thoughts about her life, consistent headaches, unable to communicate with classmates properly.

FAMILY BACKGROUND:

(Genogram, Parents occupation, Siblings, Substance abuse in family, Socio Economic Status etc.)

Private jobs of parents, Two siblings - one brother and one sister, father is in the habit of taking alcohol, upper socio economic status.



CHILDHOOD HISTORY:

(Developmental delays, academics, Abuses, Friends, Activities, etc.)

no developmental delays, currently pursuing B.Sc., no history of abuses, limited friends, not so fond of participating in activities.

MEDICAL/ PSYCHIATRIC HISTORY: no medical / Psychiatric history

(Epilepsy, surgery, any psychiatric medication in any form)

REMARKS:

(Observation of the client: Differential Diagnosis)

- very disturbed thinking
- Emotionally unstable
- gets angry while talking
- unable to open up properly.

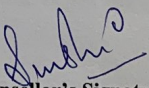
Therapeutic Intervention/ Psychometric/ Counseling/ Catharsis....etc.

- Weekly Counseling Sessions
- Free Association technique applied.
- I.Q. Testing.

Home-work assigned/ Referred to:

Short activities on introspecting on herself
Told to identify her strengths and weakness
Positive affirmations practice.

Follow Up: Regular Counseling to be done every week.


Counsellor's Signature

MENTAL STATE EXAMINATION

Name: [redacted] na

Department: B. Con Regular

Grooming: shabby/Neat

Eye contact: Good/Average/poor ✓

Dressing: Appropriate/Not Appropriate ✓

PRESENTING COMPLAINTS:

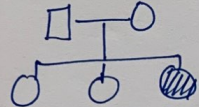
(Subjective: whatever the client says- verbatim)

- Always feeling tired and exhausted
- So much worry about their over weight
- Inferiority complex
- Don't want to talk with anyone
- Feeling depressed and sad.

FAMILY BACKGROUND:

(Genogram, Parents occupation, Siblings, Substance abuse in family, Socio Economic Status etc.)

- father in Govt. job, Mother Teacher,
- Two elder sisters, one married and one studying.
- Father & Mother fight a lot.
-



CHILDHOOD HISTORY:

(Developmental delays, academics, Abuses, Friends, Activities, etc.)

- Normal Developmental milestones,
- Good in academics
- few friends.

MEDICAL/ PSYCHIATRIC HISTORY:

(Epilepsy, surgery, any psychiatric medication in any form)

No medical or psychiatric history of any illness.

REMARKS:

(Observation of the client: Differential Diagnosis)

- . Stressed
- . Emotionally unstable
- .

Therapeutic Intervention/ Psychometric/ Counseling/ Catharsis....etc.

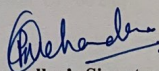
- Talk therapy
- Meditation techniques suggested
- To make her feeling better and
- Stress free.
-

Home-work assigned/ Referred to:

- Deep breathing exercises
- walking / meditation
- Positive affirmations.

Follow Up:

Once a week.


Counsellor's Signature

MENTAL STATE EXAMINATION

Name: [REDACTED]

Department: *Commerce*

Grooming: shabby/Neat

Eye contact: Good/Average/poor

Dressing: Appropriate/Not Appropriate

PRESENTING COMPLAINTS:

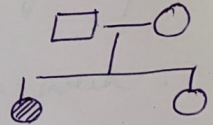
(Subjective: whatever the client says- verbatim)

adjustment issues with classmates, high aggressive tendency, very sensitive to criticism, not having good bond with the mother.

FAMILY BACKGROUND:

(Genogram, Parents occupation, Siblings, Substance abuse in family, Socio Economic Status etc.)

business, having one younger sister, no substance abuse in family, upper socio economic status.



CHILDHOOD HISTORY:

(Developmental delays, academics, Abuses, Friends, Activities, etc.)

no developmental delays, pursuing B.Com, no history of abuses, having only one friend, not so active in college activities.

MEDICAL/ PSYCHIATRIC HISTORY:

(Epilepsy, surgery, any psychiatric medication in any form)

No medical / Psychiatric history

REMARKS:

(Observation of the client: Differential Diagnosis)

- Talks with hatred for Mother
- Feels sibling rivalry
- cannot adjust to changes in life

Therapeutic Intervention/ Psychometric/ Counseling/ Catharsis....etc.

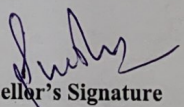
- Catharsis
- Recurrent Counseling sessions
- Personality assessment

Home-work assigned/ Referred to:

Relaxation techniques advised, daily tasks of identifying her negative thoughts and stopping them. proper techniques for adjusting in different environment.

Follow Up:

Counseling follow up twice a week


Counsellor's Signature