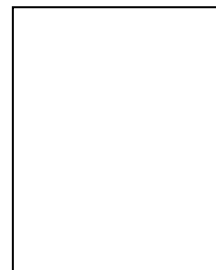




# Pre-Counseling Form



## Personal Information

<b>Surname</b>		<b>First Name</b>	
Gender	<input type="checkbox"/> F <input type="checkbox"/> M	Date of birth	
Nationality		Ethnicity	
<b>Are you:</b>	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Other (please specify):		
Status:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
If graduate, university of 1st degree			

<b>Dept:</b>		<b>Discipline:</b>	
<b>Program:</b>		<b>Session:</b>	
Do you expect to graduate this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Address</b>	
Telephone number	
Is it OK to leave a message on your phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email address	
Can we contact you by email?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which is the best way of contacting you?	<input type="checkbox"/> Phone <input type="checkbox"/> Email



**Reasons for approaching the Counseling Service**

Please describe what has led you to your seek counseling now. How long has this been a problem for you — and what other help have you had with it? How do your current difficulties affect you?

[Empty box for describing reasons for seeking counseling]

Have you used this Counseling Service before?  Yes  No

Other forms of help you have used previously or currently for related issue(s):	Previously	Currently
Counsellor	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist	<input type="checkbox"/>	<input type="checkbox"/>
Psychotherapist	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Other kind of specialist help	<input type="checkbox"/>	<input type="checkbox"/>

**Availability**

Please fill in the boxes below. We will try to offer an appointment when you are available but may offer non-preferred times to reduce the waiting period.

Term time:

	9am	10	11	12	1pm	2	3
Mon							
Tue							
Wed							
Thu							
Fri							

**Sign** \_\_\_\_\_  
**(or name)**

**Date** \_\_\_\_\_

-----  
**To be filled in by the Counseling Service:**

Date form returned:

Date acknowledged:

Appointment arrangements made:

*Thank you.*