Hungkuang University Counseling Center Application for Individual Counseling

Date: YYYY/MM/DD

Name		Gender	□M □F	Student ID		Telephone	(Home)
Unit/Department		Class		D.O.B.	/ /		(Cell)
Current residence				Home address			
Marital status	□ Not married □ Married □ Separated □ Divorced □ Other			E-Mail	(Primary email)		
Advisor				Emergency contact		Cell:	
Reason for consultation	□ Voluntary visit □ Teacher referral □ Student referral □ Center invitation □ Other__________________ Referred by:__________						
Planned topics of discussion (please rank the selected topics as 1, 2, and 3)	□ Self-exploration and self-growth □ Interpersonal relationships □ Romantic relationships □ Learning problems □ Career exploration and planning □ Family relationships □ Psychological testing □ Mental disorder or inclinations □ Emotional distress □ Life adaptation □ Physiological health □ Other__________						

Please think carefully about the extent to which these issues have troubled or distressed you over the past two weeks (including today) and select the option that best reflects your feelings.

	Not all	Somewhat	Moderately	Strongly	Very strongly
1. Difficulty sleeping	0	1	2	3	4
2. Feelings of unease	0	1	2	3	4
3. Easily upset or angry	0	1	2	3	4
4. Feeling blue or feeling low	0	1	2	3	4
5. Feeling inferior to others	0	1	2	3	4
6. Have had thoughts of suicide	0	1	2	3	4

If you answered 1 or higher for Question 6

□ I have had thoughts about self-harm but would not act on them

□ I have a clear plan for self-harm

□ I have self-harmed in the following manner:__ __________________

Psychiatric medical history	□ No history □ Yes; hospital name:__________ Physician diagnosis:_____________	Are you currently taking psychiatric medication?	□ No □ Yes

FM-10540-002
Updated November 6, 2020
Storage period: 10 years

Expectations for consultation	
Would you prefer to specify a counselor?	□ No □ Yes, ____________________ ＊ My previous consultation was with ____________________

※ Please select at least five time slots during which you are available to talk; the more time slots you are available, the sooner we can schedule an appointment!

Periods	Time	Mon	Tue	Wed	Thu	Fri
1	08:10~09:00					
2	09:10~10:00					
3	10:10~11:00					
4	11:05~11:55					
5	12:50~13:40					
6	13:45~14:35					
7	14:40~15:30					
8	15:35~16:25					
9	16:35~17:25					
10	17:30~18:15					
A	18:20~19:05					
B	19:10~19:55					
C	20:00~20:45					

Scheduled counselor and time (this section is filled out by the center)
*Counselor: ______________________ * Appointment: YYYY/MM/DD (   ) Period _____
Total BSRS score:____________
Case manager signature