

Hungkuang University Counseling Center Application for Individual Counseling

Date: YYYY/MM/DD

Name		Gender	☐ M ☐ F ☐ Other	Student ID		Telepho	(Home)
Unit/Department		Class		D.O.B.	/ /	ne	(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						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:_____ _____
	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	
Psychiatric medical history	☐ No history ☐ Yes; hospital name:_____ Physician diagnosis:_____				Are you currently taking psychiatric medication?		☐ No ☐ Yes

FM-10540-002

Updated February 25, 2026
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	Scheduled counselor and time (this section is filled out by the center)
1	08:10~09:00						*Counselor: _____
2	09:10~10:00						
3	10:10~11:00						
4	11:05~11:55						*Counseling Room: _____
5	12:50~13:40						* Appointment: YYYY/MM/DD () Period _____
6	13:45~14:35						
7	14:40~15:30						
8	15:35~16:25						Total BSRS score:_____
10	17:30~18:15						Case manager signature
A	18:20~19:05						
B	19:10~19:55						
C	20:00~20:45						