

## REQUEST FOR SERVICES

Banner ID# \_\_\_\_\_

Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
(first) (last)

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city, state, zip code)

### May we leave a message referring to this office?

Phone Mobile (\_\_\_\_) \_\_\_\_\_

Yes \_\_\_\_ No \_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_

Yes \_\_\_\_ No \_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Yes \_\_\_\_ No \_\_\_\_

Email is not a secure means of communication. Therefore, confidentiality **cannot** be guaranteed. **ONLY** provide your email address if you agree that we can contact you by email.

Email address \_\_\_\_\_

Program \_\_\_\_\_ Years in program \_\_\_\_ Program degree (please circle one) Masters Doctorate

### 1) What kind of counseling are you interested in?

\_\_\_\_ Individual

\_\_\_\_ Couples

\_\_\_\_ Group (please specify what kind of group) \_\_\_\_\_

\_\_\_\_ Academic Consultation \_\_\_\_ Dissertation Consultation \_\_\_\_ Dissertation Group

EMERGENCY Yes \_\_\_\_ \* No \_\_\_\_

\* If this is an emergency and a staff member is not immediately available, please go to the nearest hospital emergency room.

### 2) Have you previously received counseling here?

Yes \_\_\_\_ No \_\_\_\_ If yes, when? \_\_\_\_\_

3) Please indicate the days and times when you are available for appointments: \_\_\_\_\_

4) Please list the reason(s) why you are applying for counseling: \_\_\_\_\_

5) In case of emergency, please notify: \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone Number #1: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_

6) How did you hear about the Center? \_\_\_\_\_