



Student Counseling Services
Wellness Center
365 Fifth Avenue, Suite 6422
New York, NY 10016-4309

REQUEST FOR SERVICES

EMPL 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:** _____

How did you hear about the Center? _____

Please return this form to the Wellness Center – in person: Room 6422 – Fax: 212-817-1602 – e-mail: wellness@gc.cuny.edu. Please note that e-mail is not secure.