Case #

Counseling Request Form – (SCS-FM-01-V1)

Confidential

All information is confidential and will not be released. Please answer in your own words. You may write in Arabic. When completed, please put it in the box outside the counseling office 213. We will contact you within 24 hours to schedule an appointment. Please read the Informed Consent Form and bring it signed to your appointment.

Today's Date: …… **Time:** …… **Full Name:**……..

Are you: ☐ Student ☐ Employee ☐ Full time ☐ part time

Mobile: …… **Home:** …… **Email:** ……

What are the ways that you prefer to be contacted by? (Please tick all that applies):

☐ Mobile ☐ Email ☐ Home Phone

Who advised you to see the counselor? ☐ Self referred ☐ other (please specify)……

What are the best times for the first appointment? (Please note that the session duration is 50 minutes)

☐ Saturday : ……

☐ Sunday : ……

☐ Monday : ……

☐ Tuesday : ……

☐ Wednesday: ……

What is/are the primary concern(s) you would like to discuss with your counselor? (Points only)

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How urgent is your case? (Please circle the appropriate number)

1 2 3 4 5 (5 is the highest)

Signature: ……

For Counselor use:

Date Received : ……

First Appointment Date: …….