

STUDENT COUNSELING SERVICE

Pre-Counseling Form- PART-A

The information in Part A is requested for record-keeping and statistical purpose, it will not be used outside the Service in anyway that identifies individuals. All the information you provide is covered under the terms of the Data Protection Act.

Surname		First Name	
Gender	M/F	Date of Birth	
Nationality		Religion	
Are You	Under Graduate Graduate Other		
Current Year			
Address (if different from College)		Telephone Number	
Is it Ok to leave a message on your Phone?	Yes / No		
E.mail			
Can we contact you by E.mail?	Yes / No		
Which is the best way of contacting you?	E.Mail / Phone		
Referral: Who suggested that you came to see a Counsellor?			
No-one (Self Referral)	Faculty		
Friend	Supervisor		
Family Member	Other Academic		
Partner			
Have you used this Counselling Service before? Yes / No			

Date:

Signature

(To be filled in by the Counselling Service)

Appointment Arrangements Made:

Signature

PART B

The information you provide will help us to understand your needs and arrange for you to see an appropriate counselor, so it is useful to have some information about the problem. The questions are intended to be through-provoking, but you do not need to give long answers or address every sub-question if it is irrelevant, it is OK to put you would prefer to talk about this in person if it is difficult to write about. This information will be treated confidentially.

1. Your reasons for approaching the Counselling Service

Please describe what has led you to your seek counselling now. How long has this been a problem for you and what other help you had with it? How do your current difficulties affect you?

2. What are you hoping for from counseling?

What would you like to gain from counseling now? How would things be different if the difficulties were resolved?

3. On a scale of 1- 10 (with 10 being the most serious), how seriously is this affecting:

Your quality of life in SLIMS

Your academic performance

4. Coping

How have you been coping with this problem until now?

What support do you have in your life (E.g. Family, friends, college, social activities)?

Do you have any difficulties with alcohol, drugs or food?

At you worst, do you ever feel like harming yourself or others?

5. Background

If it seems relevant, please give any ideas you may have had about the origin of the problem.

Thank you