

National Chung Hsing University Health and Counseling Center
Application Form for Counseling

***Background Information

Name: _____

Department/year: _____

ID No.: _____ Gender: _____ Phone

No.: _____

E-mail/Cell Phone: _____

***Concerns/issues that you'd like to address in counseling:

	Academic		Relationships		Couples/Intimacy
	Career		Life Adjustment		Interpersonal Relationship
	Family		Health		Self-Exploration
	Psychological Concerns		Financial concerns		Other

Appointment with: _____

Appointment date:

_____ YYYY _____ MM _____ DD _____ (M-F)

Appointment time: _____

***For Staff Use

Suggested Assessment: _____

Date of Application: _____ YYYY _____ MM _____ DD

Health and Counseling Center Tel: 04.2284.0241