**CONFIDENTIAL Counseling Request Form 申请表**

Please complete the followings as much as you can. The information will help the therapist to render service to you. You will be contacted within 2 working days.

请您尽量忠实详尽地填写以下表格，以便我们更好地协助您。您会在2个工作日之内接到确认的辅导时间.

Ａ. Personal Particulars Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Name姓名Student No. :  |  | Gender性别 |  |
| Date of Birth (dd/mm/yy)　出生日期 |  | Nationality国籍 |  |
| Tel ( Mobile) 电话 |  | Email电邮 |  |
| Religion宗教信仰 |  | Highest Education Level学历 |  |
| Marital Status婚姻状况 |  | Year of Marriage婚龄 |   | # children几个孩子 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Family members or important others家庭成员或重要他人 | Age年龄 | Relationship 与你的亲属关系 | Occupation职业 |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
|  |  |  |  |

B. Other information

|  |  |  |
| --- | --- | --- |
| Have you had previous Counseling? Please circle answer. 以前接受过辅导吗? | Yes/ No  | If yes, state when /where/ counselor  |
| Have you previously received other forms of mental health treatment? (if yes, state briefly the nature of treatment.)以前有没有接受过其他形式的心理治疗（如有，请简述 |  |
| Briefly state the difficulty you are currently seeking therapy for请简要描述您寻求辅导的原因即您所面对的困难 |  |
| Any other useful　information :还有什么您觉得有用的信息 : |  |
| Please state your preferred time slot during week days. (for example: 10 to 11 AM on Monday) |  |

**Note: Please be punctual for your appointment. If you wish to cancel or postpone, please call/ msg /email** **(15751779723@163.com**) **a day earlier. Thank you.**