

## Benedictine College Counseling Center Request for Counseling Services

**Please fill out this form completely and email to [counselingcenter@benedictine.edu](mailto:counselingcenter@benedictine.edu). The information provided on this form will be kept confidential.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Sex:  Male  Female      Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Demographics (Circle all that apply): Transfer Student    First-Generation College Student    Athlete

Out-of-state    Homeschool Background    Pell-Grant Recipient    International Student    Student of Color

Ethnic Origin/Race: \_\_\_\_\_

Living Situation:  Residence Hall \_\_\_\_\_ Room # \_\_\_\_\_ Mail Box # \_\_\_\_\_

Off-Campus Address \_\_\_\_\_

Phone:  Mobile: \_\_\_\_\_  Other \_\_\_\_\_

Email: \_\_\_\_\_

**I understand that I will be receiving email communications regarding my appointments.**

Academic Year:  Freshmen  Sophomore  Junior  Senior

Referral Source:  Self  Other (specify): \_\_\_\_\_

Reason for requesting counseling: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please rate the seriousness of your concern: (1-10, 10=severe) \_\_\_\_\_

Are you currently having suicidal thoughts? \_\_\_\_\_

Have you had previous counseling here?  No  Yes, with \_\_\_\_\_

Do you have a preference for gender of counselor?  Male  Female  Open to either

Do you have a preference for in-person or telehealth?  In-Person  Telehealth  Open to either

Directions: please mark **all** the days and times when you **are not in class and/or work**. The more times you mark, the more quickly we can schedule an appointment for you.

| TIME     | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|----------|--------|---------|-----------|----------|--------|
| 8:00 AM  |        |         |           |          |        |
| 9:00 AM  |        |         |           |          |        |
| 10:00 AM |        |         |           |          |        |
| 11:00 AM |        |         |           |          |        |
| 12:00PM  |        |         |           |          |        |
| 1:00 PM  |        |         |           |          |        |
| 2:00 PM  |        |         |           |          |        |
| 3:00 PM  |        |         |           |          |        |
| 4:00 PM  |        |         |           |          |        |
| 5:00 PM  |        |         |           |          |        |
| 6:00PM   |        |         |           |          |        |

Thank you for your interest in counseling services from the Benedictine College Counseling Center (1201 N. 2<sup>nd</sup> St.). Our office will be in contact with you soon **via e-mail** to schedule an appointment and send you a link to your paperwork. We ask that you:

- Fill out your paperwork prior to your appointment.
- Be on time for your appointments.
- Notify us **24 hours in advance** if you need to cancel an appointment.
- Respect the confidentiality of all other students in the Counseling Center.

You may contact the Counseling Center via telephone (913) 360-7621 or email our office at [counselingcenter@benedictine.edu](mailto:counselingcenter@benedictine.edu) if you have any further questions.

Thank you,

Benedictine College Counseling Center Staff