**Counseling & Test Application Form**

Date 20 . . Case No.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Birthday |  | Male ∙ Female |
| Belonging |  bachelor/  master / doctor | Department | Professor |
| Grade  | Student ID |
| E-mail |  | Mobile phone |
| Nationality |  |
| What service do you want? | 1) Individual counseling | 2) Group Counseling | 3) Psychological testing | 4) Educations & Workshops |
| What is the purpose to contact us? |  |
| How did you contact us? | 1) by oneself  | 2) by professor  |  3) by friend  | 4) etc |
|  If you want to take a counseling, please write down about a few questions.1. Have you ever experienced any counseling or psychological therapy? Yes( ) No( ) If you check 'Yes' When Where How many time2. Write down informations of your family, please.  |
|  | Relationship | Age | Occupation | Education |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 3. How do you feel about your family? |