**Counseling & Test Application Form**

Date 20 . . Case No.

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| 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 time  2. Write down informations of your family, please. | | | | | | | | | | | | | |
|  | Relationship | | Age | | | Occupation | | | | | Education | | |
| 1 |  | |  | | |  | | | | |  | | |
| 2 |  | |  | | |  | | | | |  | | |
| 3 |  | |  | | |  | | | | |  | | |
| 4 |  | |  | | |  | | | | |  | | |
| 5 |  | |  | | |  | | | | |  | | |
| 3. How do you feel about your family? | | | | | | | | | | | | | |