PRACTICUM LABORATORY
REQUEST FOR SERVICES FORM (INDIVIDUALS)

Your cooperation in completing this questionnaire will be helpful in planning services for you. Please answer each item carefully. If you have questions, please ask your counselor.

Please NOTE: Practicum counselors are students in training rather than licensed professionals, so they do not write letters of support for disability determination, assistance animals, and similar situations. If you are seeking counseling for current or potential court-related issues, including child custody, you should seek counseling elsewhere, since the student counselors are not qualified to evaluate such issues.

Full Name: ____________________________  Today’s Date: __________

Address: ________________________________

______________________________________

Phone (Local or Campus): ______________  Business: ______________

_____________ Okay to leave message  ___________ Do not leave message

eMail: ______________________________________

Age: ______________  Gender: ______________________

Marital Status: __________________________  If married, number of years: __________

Highest level of education completed: ______________________________________

Currently in school? __________ Yes  __________ No

If you are an NAU student, are you receiving class credit for attending counseling sessions?

_____________ Yes  ___________ No

If yes, what class? ______________________________________

Where are you employed? ______________________________________

How long? ______________  Job Title: ______________________

Emergency Contact Name: __________________________

Relationship: __________________________  Phone Number: ______________________

Address: ________________________________
# REQUEST FOR SERVICES FORM (INDIVIDUALS), CONTINUED

Family Member:

<table>
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<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Where Residing</th>
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How did you find out about our services? (e.g., class, friend, etc.) ____________________________

_______________________________________________________________________________________

Have you experienced any of the following in the past year:

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<th>Thoughts about harming yourself</th>
<th>No</th>
<th>Yes</th>
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<tbody>
<tr>
<td>Thoughts about harming others</td>
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*If YES was circled for either item, please provide more information to your counselor immediately:*

Are you currently involved in any legal proceedings?
If yes, please describe: ____________________________________________________________

Are you now receiving or have you ever received counseling or psychotherapy services?

_________ Yes __________ No

If yes, please list counselor/therapist’s name, name/location of agency, and dates of service

_____________________________________________________________________________________

_____________________________________________________________________________________

Have you had or do you now have any major health problem(s)?

_________ Yes __________ No

If yes, please describe: ______________________________________________________________

____________________________________________________________________________________
Please list any medications (both prescribed and over-the-counter) currently being taken, the purpose and the physician (if any) who prescribed them:

__________________________________________

In your own words, briefly describe the main concern(s) which prompted you to seek counseling at this time

__________________________________________

Please indicate (by number) your current level of general satisfaction with life (on a 1-10 scale, with 1 as totally dissatisfied, 5 as moderately satisfied, and 10 as totally satisfied): ____________ (1 to 10)

Are you presently involved in active legal proceedings (family court, divorce, child custody, probation)? Are you being referred to counseling by the court-system, welfare department, or other agency for legal reasons? Please describe, and tell your counselor immediately

__________________________________________

I would like to request services for myself (my child)

__________________________________________

Signature of Client or Guardian  Signature of Witness  Today’s Date