
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.

Full Name: _____ Today's Date: _____

NAU ID: _____

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:

Name	Age	Relationship	Where Residing

How did you find out about our services? (e.g., class, friend, etc.) _____

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

_____ Yes _____ No

If yes, please list counselor/therapists name, name and address of agency, and dates of counseling. _____

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

_____ Yes _____ No

If yes, please describe _____

REQUEST FOR SERVICES FORM (INDIVIDUALS), CONTINUED

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

In your own words, briefly describe the main concern which prompted you to seek counseling: __

What let 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)

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

Signature of Client

Signature of Witness

Today's Date