



Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Services at The Counseling Center are offered by appointment. However, we are aware that situations requiring immediate attention can occur for students.

Please  check all items that apply to you:

1. \_\_\_ I am currently so upset that I may be unable to keep myself or others safe.
2. \_\_\_ I have a current plan to attempt suicide or to harm someone else.
3. \_\_\_ Someone close to me has died within the last few days.
4. \_\_\_ I am having strange experiences such as hearing voices or seeing things that others do not.
5. \_\_\_ I have experienced/witnessed a traumatic event *not related* to violence in the last few days
6. \_\_\_ I have knowledge of another person being abused or assaulted.
7. \_\_\_ I have been physically or sexually assaulted within the last few days.
8. \_\_\_ I have experienced/witnessed sexual or gender based violence within the last few days.
9. \_\_\_ I have experienced/witnessed other violence in the last few days.

If you checked **ANY** of the above items please circle **CRISIS** below and give this form to the front desk staff. After you complete important initial paperwork, a therapist will meet with you as soon as they are able.

If none of the above items apply, but **you believe you need to be seen today**, please circle **WALK-IN** below and give this form to the front desk staff. **Our Walk-In Screening hours are 12 pm to 5 pm Monday through Thursday and 12 pm to 4 pm on Friday.** After you complete important initial paperwork, you will be seen during Walk-In Screening hours, as soon as a staff member is available.

If none of the above items apply and you would like to **schedule an Initial Screening** appointment at another convenient time, please circle **NEXT AVAILABLE** below. The front desk staff will schedule you for the next available Initial Screening.

**CRISIS**

**WALK-IN**  
12 pm to 5 pm Monday – Thursday  
12 pm to 4 pm Friday

**NEXT AVAILABLE**  
\*\*Complete schedule on next page\*\*