

Counseling Center

What Type of Services Do I Need?

Name: _____ Student ID#: _____

Services at The Counseling Center are offered by appointment. However, we are aware that situations requiring immediate attention can exist for students. This form will help you determine whether it is appropriate to meet for an Urgent or Walk-in appointment today, or whether your needs would be better addressed by scheduling an Initial Consultation appointment.

Please check any 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. I have been physically or sexually assaulted within the last few days.
4. Someone close to me has died within the last few days.
5. I am having strange experiences such as hearing voices or seeing things that others do not.
6. I have knowledge of another person being abused or assaulted.
7. I have witnessed a traumatic event within the last few days.

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

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. After you complete important initial paperwork, a therapist will meet with you.

If none of the above items apply and you would like to see a therapist during the next available appointment please circle **NEXT AVAILABLE** below. The front desk staff will schedule you with the next available appointment.

URGENT

WALK-IN

NEXT AVAILABLE

Complete schedule on next page

Signature: _____

Date: _____