



Student Counseling Services
Wellness Center
365 Fifth Avenue, Suite 6422
New York, NY 10016-4309

REQUEST FOR SERVICES

EMPL ID# _____

Today's Date _____

Name _____
(first) (last)

Date of Birth _____

Gender _____ Pronouns _____

Address _____
(street)

_____ (city, state, zip code)

May we leave a message referring to this office?

Phone Mobile () _____

Yes ___ No ___

Home () _____

Yes ___ No ___

Work () _____

Yes ___ No ___

Email is not a secure means of communication. Therefore, confidentiality **cannot** be guaranteed. **ONLY** provide your email address if you agree that we can contact you by email.

Email address _____

Program _____ Years in program _____ Program degree (please circle one) Masters Doctorate

1) What kind of counseling are you interested in?

___ Individual

___ Couples

___ Group (please specify what kind of group) _____

___ Academic Consultation ___ Dissertation Consultation ___ Dissertation Group ___ Master's Thesis Group

EMERGENCY Yes ___ * No ___

* If this is an emergency and a staff member is not immediately available, please go to the nearest hospital emergency room.

2) Have you previously received counseling here?

Yes ___ No ___ If yes, when? _____

3) Please indicate the days and times when you are available for appointments: _____

4) Please list the reason(s) why you are applying for counseling: _____

5) In case of emergency, please notify: _____ Relationship to you _____

Phone Number #1: _____ Phone Number #2: _____

How did you hear about the Center? _____

Please return this form to the Wellness Center – in person: Room 6422 – Fax: 212-817-1602 – e-mail: wellness@gc.cuny.edu. Please note that e-mail is not secure.