National Chiayi University Student Counseling Center Interview Form

					Date o	f filin	ıg:	Yea	ır	Month	Day	
Nam	n e ☐ Female ⊡Male		Departmer	nt			Stuc II	dent D				
									(Ho	me)		
ID numbei			Birthday				Tele.		(Cellular phone)			
Address	🗌 hoi	□ home □dormitory □out of campus:										
Contact way Cellular phone e-mail Other:												
(Necessary) 🗌 Local Telephone												
E-mai	1											
emergeno	;y			nship								
contact			to			phone	e #					
Person			applica	ant								
needs Individual counseling psychological Test Other												
Categories of counseling issues : (Multiple choice)												
Academic adaptation Mental illness Career Plan Interpersonal relationship Sentimental troubles												
□ Family relationships □ Self growth □ stress Adjustment □ Emotional Adjustment □ Other :												
counselor	□No				Counseling		□Yes: by teacher					
	Yes:		(name)	Exp	Experience		Other Professional Psychotherapy					
	1. Family	. Family members :										
F a m i l y description		2. Family atmosphere: How do you think your family atmosphere? (From 1 to 10):										
	very base											
	1 2	<u>1 2 3 4 5 6 7 8 9 10</u>										
	3. Histor	3. History of mental illness										
	Any or	Any one in the family suffer from mental illness ?										
	□No											
Appointment schedule (Check)												
	1	2	3	4	5		6	7		8	夜間	
Manda	0810~09	900 0910~1000) 1010~1100	1110~120	0 1320~14	110 1420	0~1510	1520~1	610	1620~1710	1830~2100	
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Wedneso Thursday	lay											
Friday												
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