Kaohsiung Medical University

Division of Psycology and Counseling

Intake From

**Personal Information**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.Department: 3.Gender:\_\_\_\_\_\_\_\_\_\_\_\_

4. Student Number: 5.Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_6.Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_

7. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_8.Instructor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Emergency Call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_10.Emergency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 11.Relationship:\_\_\_\_\_\_\_\_\_\_\_

12.Living Situation: □Rent □Dormitory □Live With Family □Other\_\_\_\_\_\_\_\_\_\_\_\_

13.Identity: □General □Transfer □Return □Aboriginal □Oversea □Foreign□Other

Assessment

What kind of theme disturber you (more than one choice) :

□1.Academic □2.Career □3.Interelationship □4.relationship/Gender

□5.Family □6.Emotion □7. Mental Health□8.Other:

Mental Health History

□1.You are undertaking psychological counseling or Psychotherapy **now**.

□2.You had been undertaking psychological counseling or Psychotherapy in the **past**.

□3.You are undertaking Psychiatric treatment **now**.

□4.You had been undertaking Psychiatric treatment in the **past**.

□5.You are taking psychoactive drug or other medicines **now**

□6.You have critical illness or Chronic Illness \_\_\_\_\_\_\_\_\_\_\_\_

□7.You need to take medicine for long term.

□8. None of above.

Suicidal History:

□1. You have suicidal idea during this week.

□2. You had suicidal idea in the past，Time:

□3.You once committed suicide before，Time:

□4. None of above.

Availability

Monday □1.9:00 □2.10:00 □3.11:00 □4.14:00 □5.15:00 □6.16:00 □night\_\_\_\_\_\_

Tuesday □1.9:00 □2.10:00 □3.11:00 □4.14:00 □5.15:00 □6.16:00 □night\_\_\_\_\_\_

Wednesday □1.9:00 □2.10:00 □3.11:00 □4.14:00 □5.15:00 □6.16:00 □night\_\_\_\_\_\_\_

Thursday □1.9:00 □2.10:00 □3.11:00 □4.14:00 □5.15:00 □6.16:00 □night\_\_\_\_\_\_\_\_

Friday □1.9:00 □2.10:00 □3.11:00 □4.14:00 □5.15:00 □6.16:00 □night\_\_\_\_\_\_\_\_

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Informed Consent

Counseling Service

Our counseling session is held on a weekly basis. The session will be 50 minutes long. Please

make a reservation beforehand. If you can’t come or decide to change your appointment, please call

and inform your counselor. You may discontinue your counseling at any time. Just let your counselor know in advance.

In order to protect your own privacy, the communications between you and your counselor will remain confidential and will not be released to related people except for the following conditions.

1. You are evaluated to hurt yourself or others.
2. If we are ordered by a court of law to release information about you.

Please sign below to indicate that you have read, understood, and accept the information and

conditions contained in this document.

**I have read and consent all the information contained in the document above.**

**Name\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_**