**Taipei National University of the Arts Student Counseling Center**

**Individual Counseling Appointment Request Form**

Number: (To be completed by the Center)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /

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| **Student ID.**： | **Name**： | **Date of Birth**：  **/ /** |
| **Gender**： | **Department/Service Unit**： | **Class**： Year Class |
| □ Disability Identification | □ Foreign Student, Country： | **E-mail**： |
| **Mobile Phone Number**：**Residential Phone Number**：( ) | **Accommodation Address**： **Dormitory Number**：**Home Address**： | **Emergency Contact Person**： **Relationship**：**Phone Number**： |
| **How did you know about the Center's counseling services?**□Introduced by teacher □Introduced by schoolmate □Event held by the Center □Center introduction □Other\_\_\_\_\_\_ |
| **1. Motivation of counseling:**□Personal decision □Referred by teacher □Referred by homeroom teacher □New student assessment □Referred by schoolmate □Other |
| **2. Have you ever received any counseling or treatment:**□If yes, name of the institution　　　　　　　　　　 □No |
| **3. Topic(s) you would like to discuss with the counselor** (select all that apply):□Professional learning / Creative expression □Self-awareness (self-searching) □Career □Relationship between teachers and students □Relationship with roommates　□Peer relationship　□Intimate relationship □Economic pressure□Family issue　□Emotional adjustment □Internet addiction □Sexual or gender identity issue □Mental illness □Thesis-related stress □Physiological issues (diet, weight, sleep, etc.)□Substance use (alcohol, drugs: amphetamines, glue-sniffing, heroin, marijuana, ketamine, etc...) □Other　　　　　 |
| **4. Living conditions (**Please rate how recently the following has affected you, **0 not at all, slightly 1, moderately 2, and severely 3.)**Poor sleep quality\_\_\_\_ Difficulty concentrating and paying attention\_\_\_\_ Often moody and depressed\_\_\_\_ Loss of interest in daily activities\_\_\_\_Change in appetite\_\_\_\_ Negative thinking\_\_\_\_ Repeated thoughts of death or suicide ideas\_\_\_\_ Feeling anxious\_\_\_\_Trembling\_\_\_\_ Feeling overwhelmed and losing control\_\_\_\_ Persistent diarrhea \_\_\_\_ Headache\_\_\_\_ Heartburn, chest pain, difficulty breathing\_\_\_\_Depersonalization/derealization\_\_\_\_ Auditory hallucinations\_\_\_\_ Other condition\_\_\_\_ |
| **5. Apart from visiting the Counseling Center, are there any other people who can help?**□Self-reliant □Parents □Friends (partners, classmates, roommates, etc.) □Teachers □Social workers □Psychiatrists □Other\_\_\_\_\_\_\_\_\_\_ |

**Individual Counseling Appointment Schedule**

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| Please indicate your preferred schedule in the blank fields. Due to limited counseling availability, please provide us with more time slots that can be scheduled. (Multiple time slots are allowed) |
|  Week Time Slot | Monday | Tuesday | Wednesday | Thursday | Friday |
| 1 | 09：00～10：00 |  |  |  |  |  |
| 2 | 10：00～11：00 |  |  |  |  |  |
| 3 | 11：00～12：00 |  |  |  |  |  |
|  |
| 4 | 13：00～14：00 |  |  |  |  |  |
| 5 | 14：00～15：00 |  |  |  |  |  |
| 6 | 15：00～16：00 |  |  |  |  |  |
| 7 | 16：00～17：00 |  |  |  |  |  |
| 8 | 17：00～18：00 |  |  |  |  |  |
| 9 | 18：00～19：00 |  |  |  |  |  |
| 10 | 19：00～20：00 |  |  |  |  |  |
| Remarks |

The center's case managers in charge will notify you by phone, text message or e-mail of your scheduled counseling time.