



State Center Community College District
Request for Psychological Services

Date: _____

Last Name: _____ First Name: _____ ID# _____

Maiden Name: _____ DOB: _____ Birthplace: _____ Age: _____

Phone (primary): _____ **OK to call?** YES NO **OK to leave a message?** YES NO

Phone (secondary): _____ **OK to call?** YES NO **OK to leave a message?** YES NO

Correspondence Address: _____

Email: _____ Preferred method of contact? PHONE EMAIL

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____ Initial here to give permission to contact: _____

LIMITED CONFIDENTIALITY

Information shared with psychological services staff will be kept confidential except within a few specific circumstances. Psychological staff are **mandated reporters**. Information related to **harm to self or others, child abuse, elder abuse, or dependent adult abuse** will be shared with the proper authorities.

Are you thinking of **harming yourself**? YES NO

Are you thinking of **harming or killing another person**? YES NO

Are you having **suicidal thoughts**? YES NO

IMPORTANT: Campus Psychological Services uses a brief therapy model. Before initiating services, each student must first schedule and attend a **mental health screening appointment (usually 15-20 minutes)** to determine whether treatment is most appropriate through our campus psychological services or through another treatment provider. Based on the screening appointment, the clinician may decide it is in your best interest to refer you to a community (off-campus) treatment provider.

Therapy appointments are 50 minutes long and start at the top of the hour. We have an easier time scheduling appointments for students with better availability. Please keep this in mind when listing your availability.

PLEASE LIST ALL YOUR AVAILABLE TIMES BETWEEN 8AM to 4PM

GENDER: (e.g., male, female, transgender, gender fluid, etc.)

ETHNICITY: (e.g., African-American, Hispanic, etc.)

MARITAL STATUS

- Never Married
- Live with Significant Other
- Married
- Separated
- Divorced
- Widowed

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

