**Beaconhouse National University**

**Center for Counseling and Psychological Well-Being**

**Pre-Counseling Form for Students**

This information is required primarily for the understanding of your needs, so that a suitable time is arranged for you to meet the counselor. Remember the information you give will be treated as

**CONFIDENTIAL Form No:**

**TO BE COMPLETED BY THE STUDENT:**

Student’s Name:

Male Female

BNU Registration No.: Father’s Name: ……………………………..

Contact No. (In case of Emergency): ……………………………………………………………... Personal Mobile No.: …………………… E-mail: ………………………………………………... Present Postal Address: …………………………………………………………………………...

……………………………………………………………………………………………………..

City

SCHOOL

(PLEASE √ THE APPROPRIATE BOX):

SVAD SA SLASS SMC SCIT SE IP Program/ Semester

Date of Birth: …………………….............. Religion: ………………………………………….

What prompted you to seek counseling?

Self - referral Friend Family Instructor Other (Specify)

**Briefly describe your reasons for approaching the Counseling Center**

**Is there anything else you think the Counselor should know?**

**Please share all your free / suitable slots for appointment:**

|  |  |
| --- | --- |
| **Days** | **Free Slots / Suitable Slots** |
| Monday  |  |  |
| Wednesday  |  |  |
| Thursday  |  |  |
| Friday  |  |  |

**Confidentiality**

All interactions with BNU’s Center for Counseling and Psychological Well-being, including scheduling of or attendance at the appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, educational, or job placement file. One exception to confidentiality is the instance when the counselor thinks that the student might harm himself or someone else.

Student’s Signature ……………………………... Date ……………………………………

**For Counseling Center Use only:**

Date Form Received: …………………………....