



Beaconhouse National University

Center for Counseling and Psychological Well-being

13 Km, Off Thokar Niazbeg, Raiwind Road, Lahore-53700, Pakistan.

Tel: +92-42-38100156 ext. 713

Email: campuscounselor@bnu.edu.pk | Web: www.bnu.edu.pk

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 a 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:

.....

SCHOOL

(PLEASE ✓ THE APPROPRIATE BOX):

SVAD	RHSA	SLASS	SMC	SCIT	SE	SMS	IP

Program and Semester:

Date of Birth:

Who prompted you to seek counseling?

Self - referral Friend Family Instructor Other (Specify)

Briefly describe your reasons for approaching the Center for Counseling and Psychological Well-being (CCPW)

Is there anything else you think the Counselor should know?

Please share all your free/available time slots for the appointment:

Days	Free Slots
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Confidentiality

All interactions with BNU's CCPW, 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. There are certain exceptions to confidentiality, one of which is when the counselor believes that a student may be at risk of harming themselves or others. For more details about the terms of services, rights and confidentiality, please read the Client Disclosure and Consent Form.

Signature: _____

Student Registration No: _____

Date of Signing: _____

For CCPW Use only:

Date Form Received: _____