



Learning & Counselling Center

Initial Contact Form

If you are interested in making an appointment with one of the counsellors at the Learning and Counselling Center, please fill out this form. All information is confidential and will not be released to anyone without your written permission. One of the counsellors will contact you within 24 hours to schedule an appointment. Forms may be placed in the box located on the reception desk.

First Name: _____ **Date :** _____

Time: _____

Contact Information:

Mobile _____

Home: _____

Dormitory: _____

May I call you at home? Yes No

E-mail address: _____

Can information be sent through e-mail? Yes No

What are the best times to reach you? _____

Which Area(s) Would You Like Assistance With?

(Please circle the appropriate category(ies))

Personal / Family Matter	Academic / Study Related	Career / Choice of Major
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How Severe Is The Problem You Are Experiencing?

(Please circle the appropriate number)

1	2	3	4	5	6	7	8	9	10
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Mild
It is a problem,
but it is not causing
me great distress.

Moderate
I am quite distressed
by this problem.

Very Severe
This problem is
causing me great
distress.

Which Counsellor would you prefer to see?

_____ **Ahmad Maher**

_____ **Lesley Clarke**

_____ **No preference**