

Please provide brief answers to the following questions

1. Please explain the main reasons you are seeking counselling at this time.
(Please include the length of time these have been a concern)
2. How have you managed these concerns/problems up to this time?
3. Has anyone suggested that counselling could be helpful with these concerns
(were you referred by a friend, College instructor or someone else)?
4. What benefits do you hope to receive from counselling?
5. What is there about your present **BEHAVIOURS** that you would like to change, increase or decrease?
6. What **FEELINGS** would you like to change, increase or decrease?

7. What **THOUGHTS** would you like to change, increase or decrease?
8. Please list all current medications (include any prescriptions drugs, herbal/naturopathic remedies, and over-the-counter drugs you have used in the last 6 months):
9. Do you use any of the following on a regular or incidental basis?:
Tobacco () Alcohol () Marijuana/non-prescription drugs ()
10. Please list any previous counselling or other treatment you have received for personal and/or marital problems:
- | Date | Type of Problem | Name of Professional or Agency |
|------|-----------------|--------------------------------|
|------|-----------------|--------------------------------|
11. Do you have a “church home” where pastoral or clinical counselling services are offered? If yes, which church?
12. Would you be willing or able to participate in individual prayer counselling, or receive pastoral counselling at CBC?
- 13. Would you be willing to receive counselling services from a supervised counsellor-in-training/Intern already earning a Master’s degree? (*Note: this is NOT an intern from CBC, but from a University or Seminary Counsellor training program*)**

14. Are you willing to be referred to a community-based counsellor, either a clinical professional, or a counsellor-in-training? *(Please note that there may be a cost for such services.)*

NOTE: YOU WILL NOT BE ASSIGNED TO A MASTER'S LEVEL COUNSELLOR IN TRAINING UNLESS YOU HAVE GIVEN CONSENT.

In order for us to arrange a counsellor match & appointment time that works for you, it is important to include your current timetable (class and work schedules) with this completed application. Thank you.

Monday	Tuesday	Wednesday	Thursday	Friday

Follow-Up Authorization: In order to provide CBC students with the best possible assistance, we periodically evaluate our counselling and support services. Would you be willing to be contacted within 12 months to discuss the services you received? Yes () No ()

Signature: _____

Date: _____

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For Student Care & Career Centre use only

Date Received:

Referral Source:

Self () Student Life () Pastoral () Physician () Other ()

Intake Date:

Intake Counsellor:

Crisis Intake: Yes () No ()

Referral (date and site):