\*COMPLETE ALL INFORMATION IN INK PRIOR TO 1ST SESSION OR APPT MAY BE RESCHEDULED\* **University Counseling Services Oklahoma Christian University** 2501East Memorial Road Edmond, OK 73013 405-425-5250 Welcome to the University Counseling Center. Please take a moment to fill out the following information as completely as possible. This information will be helpful to your counselor in understanding your concerns. This and all information is treated as confidential. Please make sure to read the attached material concerning counseling, informed consent and confidentiality. Thank you. Date: / / Name: \_\_\_\_\_ I.D. #\_\_\_\_\_ Birthdate: / / Age, Cell Phone: Email Address: Campus Address: Home or Off Campus Address: \_\_\_\_\_ (Street) (City) (State) (Zip Code) Emergency Contact: Cell# We may need to contact you regarding appointment dates and times. Do we have your permission to contact you via: Text: \_\_\_\_yes\_\_\_no Email: \_\_\_yes\_\_\_no Counselor preference: Female Male No Preference Appointment Day/Time Preference: Please list your top three preferences during office hours (9a-4:00p). We will make every effort to accommodate your schedule. 1.\_\_\_\_\_ 2. 3. Academic Information: Major: Current Academic Classification: Freshman Sophomore Junior Senior Graduate Program What classes are you taking this semester? Cumulative GPA Semester GPA CLASSES Т w Т F TIME HRS Μ

## Counseling Information:

Referred by:

What are you wanting help with?\_\_\_\_\_

Is there any other information that you feel would be important for your counselor to know and understand about you? \_Yes\_ No If yes, please take a moment to briefly describe.

Fees are due at the beginning of each session.

Please Note: Any fees charged to your student account could be seen by anyone who has access to you student financial account.

Your signature below verifies that you are aware and consent to billing your student account for counseling fees.

X \_\_\_\_\_