**Health Center, Office of Student Affairs, Asia University**

**STUDENT INFORMATION FORM & INTAKE FORM**

In keeping with ethical standards and national law, professional staffs have a legal responsibility to disclose client information without prior consent when a client is likely to harm himself, herself or others unless protective measures are taken, when the client lacks the capacity to care for him or herself and when there is a valid court order for the disclosure of client files. By signing this form you also give the Health Center permission to communicate with the Emergency Contact that you have designated if we believe that you are at risk. Please consult with your counselors if you have any questions about confidentiality.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name： | | | | | Gender：□Male □Female | | | | | | Student ID： | | | | | |
| Birth date： | | | | | Phone：  Dorm： | | | | | | E-mail： | | | | | |
| Country of Origin： | | | | | | | | | | | | | | | | |
| Academic Status：□Undergrad student □Grad student □Masters □Doctorate □others  Academic Information：  Major/Department： Advisor/Mentor： | | | | | | | | | | | | | | | | |
| Residence： | | | | | | | | | | | | | | | | |
| Briefly describe what brings you to the Health Center? | | | | | | | | | | | | | | | | |
| Emergency Contact  Name: Relationship: Phone: | | | | | | | | | | | | | | | | |
| Have you received medical or counseling/psychotherapy in the past? Briefly describe when & why. | | | | | | | | | | | | | | | | |
| **Please check your available time.** | | | | | | | | | | | | | | | | |
| Days/periods | 1 | 2 | | 3 | 4 | N | 5 | | 6 | 7 | | 8 | | **18:00~**  **19:00** | **19:00~**  **20:00** | **20:00~**  **21:00** |
| Mondays |  |  | |  |  |  |  | |  |  | |  | |  |  |  |
| Tuesdays |  |  | |  |  |  |  | |  |  | |  | |  |  |  |
| Wednesdays |  |  | |  |  |  |  | |  |  | |  | |  |  |  |
| Thursdays |  |  | |  |  |  |  | |  |  | |  | |  |  |  |
| Fridays |  |  | |  |  |  |  | |  |  | |  | |  |  |  |
| Time/place | | |  | | | | | Counselor | | | | |  | | | |

date： Intaker：