



FOOTHILL COLLEGE

Psychological Services & Personal Counseling Department

Phone (650) 949-7910 * Fax (650) 949-7035 * www.foothill.edu/psychservices

Request for Appointment Form

Psychological Services provides brief counseling, crisis intervention, information and referral services for registered student of Foothill College. Our culturally diverse staff consists of licensed mental health professionals.

In order for us to better assist you in scheduling an appointment, please answer the following questions:

**** PLEASE PRINT CLEARLY ****

Today's Date: _____ Time: _____ Age: _____

Are you currently a registered student? (Circle One) Yes No SID# _____

Number of Units Enrolled: _____ Cultural Background/Ethnicity _____

Are you an international student with an F1 status? Yes No If yes, do you need a letter from a Psychologist? Yes No

First and Last Name: _____

Email Address: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: Cell (____) _____ Home Phone: (____) _____

How may we contact you? (Check all that apply): a) Cell _____ b) Home Phone _____ c) Email _____

Emergency Contact (required) Name of person: _____ Relationship to you? _____

Telephone #: _____ Please circle: Cell or Home

Address: _____

Client Schedule Availability: Please WRITE the times you are available for appointments. This will help us match you with a therapist.

MONDAY:	Morning: _____	TUESDAY:	Morning: _____	WEDNESDAY:	Morning: _____
	Afternoon: _____		Afternoon: _____		Afternoon: _____
THURSDAY:	Morning: _____	FRIDAY:	Morning: _____		
	Afternoon: _____		Afternoon: _____		

1. Have you ever used our services before? (circle one) Yes No If yes, when? _____

If no, how did you hear about us? _____ Referred by? _____

2. Are you currently seeing a counselor elsewhere? (Psychologist, psychiatrist, social worker, therapist) YES NO

If yes, where? _____

3. In the past month, have you been physically assaulted or has someone threatened you or someone you know? YES NO

4. What problem are you seeking help for? _____

STAFF Notes-For Office Use _____

Disposition: DROP IN: _____ SAFETY CHECK: _____ INTAKE: _____

ASIGNED TO: _____ DATE: _____ TIME: _____

(- PLEASE TURN OVER -)