**<서식 2> Psychological Counseling Intake Form**

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| **심리상담 신청서****(Psychological Counseling Intake Form)**  |

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| **이름(Name)** |  | **성별(Gender)** |  |
| **학과/단과대****(Department/College)**  |  | **학번(Student ID)** |  |
| **학위과정(Degree)** |  | **휴대전화번호****(Cell Phone Number)**  |  |
| **생년월일****(Date of Birth)** |  | **이메일(Email)**  |  |
| **국적** **(Nationality)** |  | **사용 가능언어****(Available Languages)** |  |
| **상담을 원하는 요일/시간****(Preferred counseling date/time)** |  | **한국어 능력****(Korean language****level)** | good/ average/ below average |

**▸가족 정보(Family Information)**

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| **가족구성원****(Family members)** | **연령****(Age)** | **직업****(Job)** | **가족과의 관계** **(Relationship with the family)** |
| **나쁨****(Bad)** | **좋음** **(Good)** |
|  |  |  | ① ② ③ ④ ⑤ |
|  |  |  | ① ② ③ ④ ⑤ |
|  |  |  | ① ② ③ ④ ⑤ |
|  |  |  | ① ② ③ ④ ⑤ |

**▸상담신청 방법(Referred by)**

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| --- | --- | --- | --- | --- |
| 자발적으로( )(Self) | 친구소개( )(Friend) | 교수님 권유( )(Faculty/Professor) | 직원( )(Staff) | 기타( )(Others) |

**▸당신의 신체적 건강상태는? (Your current physical health)**

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| --- | --- | --- | --- | --- |
| 매우 좋다( )(Very Good)  | 좋다( ) (Good)  | 보통이다( ) (Acceptable) | 나쁘다( ) (Poor) | 매우 나쁘다( ) ( Very Poor)  |

**▸현재 당신이 거주하고 있는 곳은 (Your current living situation)**

|  |  |  |
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| 기숙사( ) (on-campus hosing) | 자취( ) (off-campus housing) | 기타( ) (Others) |

**▸과거 스트레스 사건 (Significant stressful events in your past)**

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| 과거 스트레스 사건(Have you experience any significant stressful events in your past?) | □ 있음(Yes)□ 없음(No) | 발생 시기 및 구체적인 내용 (the approximate date or time and A brief description of each event) |  |

**▸이전에 상담이나 전문가의 도움을 받은 적이 있습니까?(Have you previously received psychological services?)**

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| **□ 있다(Yes)** | **□ 없다(No)** |
| **있다면, 언제?** **(If yes, When?)**  |
| **어디에서?****(Where?)** |
| **어떤 문제로** **(What was the reason for seeking counseling at that time?)** |

**▸현재 자살사고 (Current suicidal thoughts)**

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| 자살생각(Suicidal thoughts) | □ 없음(No) □ 있음(Yes)  | 시 기:(When) |
| 자살시도경험(Suicidal attempts) | □ 없음(No) □ 있음(Yes) | 시 기: (When) |
| 정신건강병력(Mental health history) | □ 없음(No) □ 있음(Yes) | 진단명:(Diagnosis(es))만약 복용 중인 약이 있다면 기재:(Current Medications (if any)) |

**▸응급상황 시 연락할 수 있는 지인 연락처 (Emergency Contact Information)**

 **관계 (Relationship): 연락처 (Phone Number):**

**▸어떠한 어려움으로 신청하였습니까?(reasons for seeking counseling)**

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| **주요 어려움 (Main Concerns/Difficulties)** |
| **적응문제(Adaptation Issues)** | **학업 및 진로문제(Academic and Career Issues)** |
| ( ) 문화 적응의 어려움(cultural adjustment issues)( ) 언어 사용의 어려움(language barrier)( ) 향수병(homesickness)( ) 차별 또는 편견(discrimination or bias)( ) 기타 (Others) | ( ) 학업문제(Academic challenges)( ) 연구스트레스(Research stress)( ) 진로고민(Career Issues) |
| **대인관계(Interpersonal Relationships)** | **경제적 문제** **(Financial Issues)** |
| ( ) 친구와의 관계(Relationship with Friends)( ) 선·후배, 동료와의 관계 (Relationship with peer students)( ) 가족관계(Relationship with family)( ) 지도교수와의 관계(Relationship with professors)( ) 연애관계(Romantic relationships)( ) 기타 대인관계(Other interpersonal relationships) | ( ) 학비(Tuition fee)( ) 생활비(Living expenses)( ) 제한된 근로조건(Limited work opportunities)( ) 재정적 지원 어려움(Limited access to financial aid including scholarships)( ) 기타(Others) |
| **정서적 문제(Emotional Issues)** | **성격문제(Personality Issues)** |
| ( ) 우울(Depression)( ) 불안(Anxiety)( ) 공포(Fear)( ) 외로움(Loneliness)( ) 기타(Others) | ( ) 자신의 성격으로 인한 불만(Dissatisfaction with one’s own personality)( ) 성격적 결함으로 타인과 마찰(Conflict with others due to one’s own personality)( ) 기타 (Others) |
| **행동 및 습관 문제(Behavioral and Habit Issues)** |
| ( ) 주의집중 곤란(Difficulty in concentration)( ) 불면(Insomnia)( ) 강박적 행동(Compulsive behaviors)( ) 식이습관(Eating habits issues) | ( ) 음주(Alcohol consumption)( ) 흡연(Cigarette smoking)( ) 기타(Others) |

**▸위 문항에서 체크한 영역에 대해서 구체적으로 서술해주세요.**

**(Please provide a detailed description of the areas you checked above.)**

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| For example: *(Academic and Career Issues)**(O) 학업문제(Academic Challenges)**- My GPA dropped drastically because I found it hard to understand all the subjects I took last semester and struggled with time management.* |