

St. Mary's Catholic Center

Request for Counseling



All information you provide here is held to the same standards of confidentiality as our therapy. *Please print this form, fill it out, and place it in a sealed envelope labeled "Amanda Kapchinski," and give it to the receptionist. (Envelopes are at the receptionist's desk.) Thank you!*

Name: _____ Today's Date: _____

School: _____ Age: _____ Birthdate: _____ Sex: ☐ Male ☐ Female

Local Address: _____

Email: _____ Phone: _____

Major: _____ Class Year: _____ Expected Sem. to Grad. _____

Who referred you to me? ☐ Self ☐ Other (Specify) _____

Why are you seeking counseling? _____

On a scale of 0-10, where 0 is no disturbance or neutral, and 10 is the highest you can imagine, how disturbing is your current issue? 0 1 2 3 4 5 6 7 8 9 10

Counseling sessions are usually an hour in length. Please list all times you are available to meet for counseling. Don't forget to allow time for travel to and from St. Mary's and your classes.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

You can expect to hear back from me within 5 business days. Due to the demand of counseling, at any given time there may be a waitlist. If that is the case, we will discuss whether it would be best for you to wait for us to meet, or if you would like me to give you a referral. I look forward to speaking with you!

Amanda Kapchinski
Director of Pastoral Counseling