

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 "Christopher Lafitte," 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!

Christopher Lafitte
Director of Pastoral Counseling