



Request for Counseling

All information provided will be held to the same standards of confidentiality as counseling. Please put this completed form in the confidential mailbox which is on the wall outside the counseling office or return it via email to ncastronova@hoosiercatholic.org

Name: _____ Today's Date: _____

Age: _____ Birthdate: _____ Sex: _____ Male _____ Female

Address: _____

Email: _____ Phone: _____

Who referred you? _____ Self _____ Other (Specify): _____

Briefly identify the general reason(s) for which you are seeking counseling:

1. _____

2. _____

3. _____

Counseling sessions are usually 45-50 minutes. Please list **all times** you are available to meet and please provide windows of time (e.g. Monday 10-1 and 3-6).

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

You can expect to hear back within 5 business days to discuss whether counseling at St. Paul's or a referral to an outside provider is the best fit for you at this time. You will be contacted via **email**.

Thank you!