

EMPLOYEE/SPOUSE COUNSELLING FORM

Note: This information is confidential

Name: _____ Reporting Date: _____

Date of birth (Day, Month, and Year): _____ Age: _____ Sex: _____

Relationship Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Highest Degree Obtained: _____

Are you: ☐ NUST Employee ☐ Spouse of NUST Employee

For NUST Employee, please provide the following details:

Employment ID: _____

Job title and department: _____

For Non-NUST Employee, please provide the following details:

Employment Status: ☐ Working ☐ Not working

Residence: ☐ On-Campus ☐ Off- Campus:

Home town: _____

Contact No: _____ E-Mail: _____

Source of referral

Source	✓	Source	✓
Rector/Pro-Rector		Friend/Colleague	
Principal/Dean		Family	
Administration/Reporting Officer		Medical Doctor	

Basic Family Information

Parent Information					
Name	Relationship	Age	Education	Profession	Living or Deceased?

Sibling Information		
Number of Brothers	Number of Sisters	Birth order

If married:

1. How many years of marriage?
2. Number of children:

Counselling History

1. Type of counselling required: ☐ Psychological Counselling ☐ Career Counselling

2. Reason for seeking counselling
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3. Duration of current concerns

Duration	✓	Duration	✓
Few days		Several Months	
Week		Year	

Month		More than a year	
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4. Are you currently taking any medications? ☐ Yes ☐ No

If yes, please mention

5. Have you had previous experience of counselling? ☐ Yes ☐ No

6. Reasons for previous consultations and when

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7. Do you have a history of substance use? ☐ Yes ☐ No

If yes, which

8. What are your goals for counselling?

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Psychologist/ Counselor's Remarks

Psychologist/Counselor: