**EMPLOYEE COUNSELING FORM**

**Name:** **Reporting Date:**

**Date of birth (Day, Month, and Year):** **Gender:**

**Relationship Status: Single / Married / Divorced / Widowed**

**Highest Degree Obtained:**

**Was this subject (Academic majors) your first priority? Yes No**

**Employment History:**

 **Job Title and Department:**

**How long have you been on your present job:**

**Residence: In-Campus / Off- Campus:**

**Mother Tongue:** **Home town:**

**Contact No:** **E-Mail:**

**Preferred Method of Contact**

 ⁯ **Phone**  ⁯ **Email** ⁯ **Personal Presence**

**Referred by**

 ⁯ **Rector/Pro-Rector** ⁯ **Self**  ⁯ **Administration**

⁯ **DG/Dean/Teacher** ⁯ **Family** ⁯ **Friend**

⁯ **Medical Doctor**

**Basic Information**

1. **Father’s Name:**
2. **Father’s Age, Profession, Education:**
3. **Are both parents living?**
4. **Mother’s Age, Profession (if any), Education:**
5. **Number of siblings?**
6. **Your Rank among brothers and sisters?**
7. **Siblings: Age, Marital status, Education, Profession (According to birth order)**

**If married:**

1. **How many years of marriage?**
2. **Number of children:**
3. **Please list the names and ages of your children (according to birth order)**
4. **Any mishap/ trauma faced by you/ your family?**
5. **How many fast friends do you have?**
6. **Have you ever been abroad?**
7. **What do you like most?**
8. **Have you ever been seriously ill? If *Yes*, mention illness and duration**

1. **Have you ever met any accident?**
2. **What do you fear most?**
3. **Which career you wanted to adopt?**
4. **How religious are you? VERY / MODERATELY / NOT REALLY**
5. **Briefly describe yourself, i.e.**

**Strong Points:**

**Weak Points:**

 **Concerns/ Problems**

 **Goals in life**

 **Duration of Concern**

 ⁯ **Few days**  ⁯ **Week** ⁯ **Month**

 ⁯ **Several Months** ⁯ **Year** ⁯ **More than a year**

 **Medical & Mental Health History**

 **Substance use/ Smoking? Yes ⁯ No**

**Are you currently taking any medications? Yes No**

**If yes, please mention**

 **Any Physical Problems you are having. If yes, please specify Yes No**

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| **Psychologist/ Counselor’s Remarks** |
|  |
| **Psychologist/Counselor:** ……………………………………………………. |