

EMPLOYEE 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: _____

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	

4. Are you currently taking any medications? Yes No

If yes, please mention

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

