



輔導暨研究中心
Counselling and Research Centre
服務申請表格(18歲或以上)
Service Request Form (Aged 18 or Above)
***** CONFIDENTIAL *****

Date of Receipt: _____
Receptionist: _____
Client Number: _____
Date of Assignment: _____
*****For Internal Use Only*****

服務選擇 個人輔導 Individual Counselling 團體輔導 Group Counselling
Service For: 心理/生涯職業評估 Psychological/ Career Assessment

I. 申請人資料 Information of Applicant

姓名 Name: _____ (中文) _____ (ENG)		性別 Gender: _____
出生日期 Date of Birth: _____ (DD/MM/YYYY)		年齡 Age: _____
出生地點 Place of Birth: _____		
香港身分證號碼 HK ID no.: _____		(首四個數字 First 4 digits)
電話 Telephone: _____	電郵地址 Email Address: _____	
通訊地址 Correspondence Address: _____		
緊急聯絡人姓名 Name of Emergency Contact: _____		
緊急聯絡人電話 Emergency Contact: _____		關係 Relationship: _____
婚姻狀況 <input type="checkbox"/> 未婚 Single <input type="checkbox"/> 已婚 Married <input type="checkbox"/> 分居 Separated		
Marital Status: <input type="checkbox"/> 離婚 Divorced <input type="checkbox"/> 喪偶 Widowed <input type="checkbox"/> 其他 Other: _____		
子女數目 No. of Children: _____	教育程度 Education Level: _____	
職業 Occupation: <input type="checkbox"/> 受僱工作 Employed: _____ <input type="checkbox"/> 自僱 Self-Employed <input type="checkbox"/> 待業/失業 Unemployed <input type="checkbox"/> 全職照顧家庭 Homemaker <input type="checkbox"/> 退休 Retired <input type="checkbox"/> 學生 Student: 全日制 Full-Time/ 兼讀 Part-Time (刪去不適用者 Delete as appropriate) 學年 Year in school: _____ 主修科 Major: _____ <input type="checkbox"/> 樹仁大學本系學生 Student of C&P Department, HKSU 學生編號 Student ID No.: _____	請註明程度: 學士/碩士 Please specify Bachelor/Master Level	

II. 申請人狀況 Applicant's Condition

如何得悉本中心之服務 How did you learn about our centre's services:

- 家人/親戚 Family/ Relative 老師 Teacher 社工 Social Worker
 朋友 Friend 口碑 Word of Mouth 其它 Other: _____
 醫護人士 Medical Professional 宣傳單張 Brochures/ Flyers _____

曾接受個人或團體心理輔導 Received individual or group counselling:

否 No 是 Yes, 機構 Agency/ Organization: _____

曾接受精神科醫生的治療 Received treatment from psychiatrist:

否 No 是 Yes, 醫院/診所/中心 Hospital/ Clinic/ Agency: _____
診斷結果 (如有) Clinical diagnosis (If any): _____
處方藥物 (如有) Prescribed Medication (If any): _____

長期病患 **Chronic illness:** 否No 是Yes: _____

申請輔導/評估原因 Reason(s) to apply service:

- 焦慮，恐懼 Anxiety, Fears
- 情緒低落，抑鬱，憂傷 Depression, Sadness
- 憤怒，煩躁 Anger, Irritability
- 睡眠困擾 Sleep Problem
- 飲食或節食過量/不進食 Overeating, Excessive dieting, not eating
- 因酒精／藥物使用影響生活運作 Life functioning affected by alcohol or drug use
- 身體疾病 Physical Illness
- 性慾／性方面困擾 Sexual feelings, sex-related concerns
- 交友/朋友相處 Friendship, making friends
- 戀愛關係 Romantic relationship
- 婚姻問題 Marital problems
- 親子關係 Parent-child relationship
- 家庭衝突 Conflicts with family members
- 自信心／自我形象 Self-confidence or self-image
- 時間管理 Time management
- 文化／學習適應困難 Adjustment difficulty in cultural living and learning
- 學業／升學 Academic performance or further studies
- 就業前途 Employment or future career paths
- 因死亡／喪失經歷哀傷 Grief over death or loss
- 宗教或靈性方面困擾 Religious or spiritual issues
- 其他 Other: _____

轉介來源 Referral Source:

- 自己 Self
- 朋友 Friend
- 家人/親戚 Family/Relative
- 老師 Teacher/ Faculty
- 社工 Social Worker
- 輔導/社福機構 Agency Referral: _____
- 醫護人士 Medical Professional
- 其它 Other: _____

