

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						
I. 申請人資料 Information of Applicant						
I. 中胡人具件 Information of Applicant						
MATI C I						
姓名 Name: 性別 Gender:						
	(ENG) 年齡 Age:					
出生日期 Date of Birth: (DD/MM/YYYY) 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						
Marital Status: □ 離婚 Divorced □ 喪偶 Widowed □ 其他 Other:						
子女數目 No. of Children: 教育程度 Education Level:						
職業 □ 受僱工作 Employed:						
Occupation:						
□ 全職照顧家庭 Homemaker □ 退休 Retired						
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □						
學年 Year in school: 主修科 Major:						
□ 樹仁大學本系學生 Student of C&P Department, HKSYU						
	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:						
別友 Friend 口碑 Word of Mouth 其它 Other:						
□ Signature □ Si						
<u> </u>						
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):						

長期病患 Chronic illness:					
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 □ 老師 Teacher/ Faculty □ 醫護人士 Medical Professional					
□ 朋友 Friend □ 社工 Social Worker □ 其它 Other:					
□ 家人/親戚 Family/Relative □ 輔導/社福機構 Agency Referral:					

請以"✓"表示你能接受中心服務的時間 (輔導服務以50 分鐘為一節數)

Please indicate your available times with a "\" (A counselling session is 50 minutes in length)

時間	星期一	星期二	星期三	星期四	星期五	星期六
9:00am						
9:30am						
10:00am						
10:30am						
11:00am						
11:30am						
12:00pm						
12:30pm						
1:00pm						
2:00pm						
2:30pm						
3:00pm						
3:30pm						
4:00pm						
4:30pm						
5:00pm						
5:30pm						
6:00pm						

備記	Remarks:	(如需指定領士 / 博士桯皮心埋學家,或指定心埋學家,請註明) Please indicate your Psychologist preference or Master/Doctoral level preference if you have any.

有關以上心理輔導服務之申請手續及相關事宜查詢,歡迎隨時與我們聯絡。

Please feel free to contact us if you have any enquiries about the above psychological counselling services, the application procedures and related matters.

・公眾人士查詢 Enquiry for General Public 電話 Tel: (852)2806-7333 電郵 Email: <u>crc2@hksyu.edu</u>

・香港樹仁大學學生查詢 HKSYU Student Enquiry 電話 Tel: (852)2104-8232 電郵 Email: <u>crc1@hksyu.edu</u>

・傳真 Fax: (852)2806-7334 網址 Website: crc.hksyu.edu

・地址 Address: 香港北角寶馬山道慧翠道 10 號 10 Wai Tsui Crescent, Braemar Hill Road, North Point, Hong Kong

本表格所收集的所有資料皆會按照香港特別行政區法例《個人資料(私隱)條例》- 第486章規定下使用及儲存。 The data collected in this form will be used and stored in accordance with the provisions of the Personal Data (Privacy) Ord. Cap. 486 of Hong Kong.