**Moody Bible Institute**

**Counseling Services**

**Request Form**

Note: This is a screening form and does not indicate that the person completing it has begun treatment through MBI Counseling Services. Once you have finished filling out this counseling request form, email it to [counselingservices@moody.edu](mailto:counselingservices@moody.edu) to begin the counseling request process.  In order to complete this form, you will need to download this document to your desktop, complete and save it, and then email it**.**  Also, please be aware that due to the high demand for our services, **we are limiting students to 8 sessions per school year (not semester).** Additionally, although you may have a preference of which counselor you would like to see, we are not always able to accommodate those requests, based on scheduling and availability.  We will certainly do our best but **cannot guarantee that you will be able to schedule with a specifically requested counselor.**

As you fill out the form, provide as many times of availability as possible.  This will help to increase your chances of obtaining an appointment.  **Appointment availability is M-F, with the first appointment slot at 8:00am and last appointment slot at 4:00pm.**

**Information:**

Name: Click or tap here to enter text. Date: Click or tap here to enter text.

Age: Click or tap here to enter text. Gender: Choose an item.

ID#: Click or tap here to enter text. Dorm/Residence: Click or tap here to enter text.

Year in School: Choose an item. School Status: Choose an item.

Cell Phone #: Click or tap here to enter text. Email: Click or tap here to enter text.

Race: Choose an item.

Are you a Missionary Kid/TCK?  Yes  No

Are you an International Student?  Yes  No

Would you like to be contacted via email? Choose an item.

Please note that email is **NOT** a secure form of communication.

Would you prefer a male or female counselor? Choose an item.

If applicable, list here the specific counselor you would like to request: Click or tap here to enter text.

Disclaimer: We cannot guarantee the pairing of you and stated counselor, but we will do our best to accommodate.

Have you received counseling through MBI before? Choose an item.

If yes, please provide the name of the counselor and approximate number of sessions that you attended:

Click or tap here to enter text.

Which semester did you receive this counseling?

Click or tap here to enter text.

What times and days are you available to come in for an appointment? Appointments are around 50 minutes, and we are open M-F, from 8am-4pm (the last appointment slot is 3pm). The more times you provide, the better chance you will be able to schedule an appointment:

Click or tap here to enter text.

Please briefly describe the reason(s) you are seeking counseling at this time:

Click or tap here to enter text.

To what degree are the main issue(s), which are bringing you in, interfering with your daily life?

(i.e., emotionally, psychologically, spiritually, academically, socially). Choose an item.

*Please answer the following questions based on the scale as related to your experience in the* ***last two weeks:*** (ONLY use the dropdown options for these questions)

Little interest or pleasure in doing things: Choose an item.

Feeling down, depressed, or hopeless: Choose an item.

Trouble falling or staying asleep or sleeping too much: Choose an item.

Feeling tired or having little energy: Choose an item.

Poor appetite or overeating: Choose an item.

Feeling bad about yourself – or that you are a failure Choose an item.

or have let yourself or others down:

Trouble concentrating on things, such as reading the Choose an item.

news or watching TV:

Moving or speaking so slowly that other people Choose an item.

could have noticed. Or the opposite – being so

fidgety or restless that you have been

moving around a lot more than usual:

Thoughts of hurting yourself in some way: Choose an item.

How difficult have these problems been for you at Choose an item.

work, school, or in your relationships?

How difficult is it to control your struggle with worry and anxiety? Choose an item.

*Please email this completed form to* [counselingservices@moody.edu](mailto:counselingservices@moody.edu)

*Remember that email is* ***NOT*** *a secure form of communication.*

*To complete a paper copy, please visit Counseling Services on Smith 3.*

*~ Thank You*

**Good Faith Estimated Cost:**

* *A student’s first counseling session with Smith 3 Counseling Services is free of charge and each subsequent session costs $5 each.*
* *No student will be rejected services because of inability to pay.*