



COLLEGE MIL GAYA

Every career is important

First Level Information - Student

Name:		Today's Date:
DOB:	Age:	Present Class Status:
Address:		Student Identification Number (by CMG):
City:	Home Phone:	
Zip Code:	P Cell Phone:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		Email Address:
Reference :		

Student's Father/Mother Information

Father / Mother / Guardian Name:	Relationship to Student:
Home/Cell Phone:	Occupation and Annual Family Income (A/B/C) : <10 L – A, 10 L < B < 20 L, > 20 Lakh – C

What is the primary reason you are seeking services today?

(check all those that apply)

<input type="checkbox"/> Depressed	<input type="checkbox"/> Agitated/Restless	<input type="checkbox"/> Anxious	<input type="checkbox"/> Confused	<input type="checkbox"/> Bored
<input type="checkbox"/> Fearful	<input type="checkbox"/> Angry	<input type="checkbox"/> Ashamed	<input type="checkbox"/> Unfriendly	<input type="checkbox"/> Hopeless
<input type="checkbox"/> Bad Relationship with Father	<input type="checkbox"/> Bad Relationship with Mother	<input type="checkbox"/> Obesity	<input type="checkbox"/> Other Family issues	<input type="checkbox"/> Very Emotional
<input type="checkbox"/> Less Marks - Earlier	<input type="checkbox"/> Less Marks - ongoing	<input type="checkbox"/> No interest in study	<input type="checkbox"/> No Time Management	<input type="checkbox"/> Technique of Study is missing
<input type="checkbox"/> Someone close to me needs help	<input type="checkbox"/> It would help to talk to someone	<input type="checkbox"/> Grief & Loss	<input type="checkbox"/> Need to choose the stream	<input type="checkbox"/> Financial
<input type="checkbox"/> Issue at School/Tuition / Coaching Centre	<input type="checkbox"/> Memory	<input type="checkbox"/> Increased Screen Time	<input type="checkbox"/> Health	<input type="checkbox"/> Drug/Alcohol

Are you considering that something is missing in you which is hindering you from getting more marks and ranks in exams ? Yes No

Please Explain:



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For you to consider your counseling experience successful, what are you hoping to accomplish?
Please Explain:

Marks in Class 8th / 9th / 10th / 11th / 12th :

Trends in marks – increasing/constant/decreasing



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AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

STUDENT/PARENT'S NAME: _____ STUDENT'S/PARENT'S DOB: _____

I hereby authorize; COLLEGE MIL GAYA, 119, First Floor, Vardhman Towers, Sector 19, Faridabad to:

RELEASE RECEIVE

Confidential information (via mail, telephone, email and/or fax) related to mental health treatment, and/or psychiatric /psychological treatment, including records of testing, discussion, diagnosis and assessment records as applicable to/from the following Student/Parents.

The extent of nature of information to be disclosed is:

- | | |
|---|--|
| <input type="checkbox"/> Psychiatric records | <input type="checkbox"/> Entire Chart, without restriction |
| <input type="checkbox"/> Progress/Session notes | <input type="checkbox"/> Counselling Plan(s) |
| <input type="checkbox"/> Pros and Cons | <input type="checkbox"/> Financial Records |
| <input type="checkbox"/> Other (specify): _____ | |

The purpose of, or need for, this disclosure is:

Continued Counselling _____ Insuring Good Marks _____
Insuring Plan B/C/D for better College Selection and Admission _____ Other _____

I understand that I may revoke my consent to allow the release of this information, except to the extent that action has been taken on the information released prior to the revocation of my consent.

Student/Parent Name: _____ Date: _____

Student/Parent Signature: _____

Witness Signature if any: _____

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