

MARS HILL UNIVERSITY

THE COUNSELING CENTER

~Mental Health & Disability Services~

Request for Consultation

Please complete and provide to MHU Counseling Center staff on duty. If staff is not available, please slide under door of Wellness Center office 305. In case of an emergency, contact Campus Security (828.689.1230) and ask the officer to contact the counselor.

Name: _____ Date of Birth: _____ Current Date/Time: _____

Preferred means of contact

- ☐ Cell phone # _____
- ☐ Text # _____
- ☐ School email email address _____

Primary Concern—check all that apply

- ☐ Academic
- ☐ personal/relationship issues
- ☐ Behavioral/conduct
- ☐ Spiritual
- ☐ Physical
- ☐ Disability
- ☐ Referral to another campus/community service provider
- ☐ Title IX issue

For Self

For Another

Level of Concern

- ☐ Emergency
- ☐ Elevated
- ☐ Moderate
- ☐ Information only

For Self

For Another

Please list times available to consult with MHU Counseling Center staff:

MHUCC staff only

Counselor responding: _____ Date/Time: _____

Action taken—check all that apply

- ☐ Received and reviewed Request for Consultation. Developed file (see file for details)
- ☐ Referred student to: _____
- ☐ Scheduled student for initial consultation for counseling services
Appt date/time: _____
- ☐ Other: _____

Primary concern as described by the student _____