

INTERNSHIP SCREENING AGREEMENT

NAME: _____

Age: ____ **Phone#:** (____) ____ - ____ **Email:** _____

Are you willing to work with a student counselor, starting mid-January 2023?

Do you agree to waive using any insurance company and pay the \$30/session fee?

What brings you to seek counseling services right now? _____

Have you ever been hospitalized for mental health treatment?

Are you currently under a psychiatrist's care?

Are you able to attend in-person or Telehealth sessions on a Thursday?

I would prefer to be contacted via phone call/email: _____

SUBMIT COMPLETED FORM: kathymartin.lcpc@gmail.com