

COUNSELOR CHANGE REQUEST FORM

Full Name: _____ Date: _____

Phone #: _____ G#: _____

We are aware that effective treatment involves a good fit between the counselor and the client. When possible, we do try to accommodate a student's request to switch to another counselor. In order to help us assist you in this process, please complete ALL sections below. (You will receive a copy of this form.)

Name of Counselor Previously Seen: _____

Are you requesting to switch to someone specific? (*We may not be able to accommodate this request.*)

- No, I'll meet with the first new person available
- Yes, I would like to meet with: _____

What factors are contributing to your request for a new counselor? (*Required; check ALL that apply.*)

- I would prefer a counselor of a different gender
- I did not "click" with my original counselor
- I am looking for a counselor who (*please specify*) _____
- I would like a counselor more experienced with (*please specify*) _____
- Other reason (*please specify*): _____

We sometimes have graduate counselors from other universities working in our office. If you are willing to see a graduate counselor, we may be able to re-assign you more quickly, and you would likely be able to be seen more frequently (e.g., weekly sessions). Graduate counselors do need to record their sessions (audio or video) to be shared with their supervisor only (recordings are erased immediately afterward).

Please check here if you would be willing to work with a graduate counselor: Yes

Your request for will be referred to one of our two Case Managers. There may be times when reassignment is not feasible. If this is the case, we will offer you referrals to off-campus providers in the local community. You will be contacted by one of the Case Managers with further instructions shortly.

I have read and understand the above information. _____

Your Signature

FOR OFFICE USE ONLY

Client has been:

- Reassigned to _____
- Referred off-campus to _____



Health Services
Phone | 585.245.5736
Fax | 585.245.5744

Counseling Services
Phone | 585.245.5716
Fax | 585.245.5071

Alcohol & Other Drug
Services
Phone | 585.245.5716
Fax | 585.245.5071

Health Promotion
Phone | 585.245.5747
Fax | 585.245.5744