



**GEORGIA
SOUTHERN
UNIVERSITY**

**PSYCHOLOGY CLINIC
DEPARTMENT OF PSYCHOLOGY**
POST OFFICE BOX 8041-01
STATESBORO, GEORGIA 30460-8041
TELEPHONE (912) 478-1685

Providers—please call 912-478-1685 to request an appointment for a patient OR complete this form and fax to 912-478-2430. We will confirm the appointment with the patient and provider.

Date: _____

Patient Name: _____ Parent Name (if child): _____

Patient Telephone Number(s): _____

Permission to leave telephone messages? Y N

Patient age _____ Date of Birth _____ Gender _____

Race/Ethnicity _____

Brief description of presenting concerns: _____

Is Patient court mandated to participate in therapy? Y N If yes, please refer elsewhere.

Is Patient's presenting concern substance use or anorexia? Y N If yes, please refer elsewhere.

Is Patient a full time student at GSU? Y N If yes, please refer to GSU Counseling Center (912-478-5541).

Referring Provider: _____

Provider's Phone: _____ Provider's Fax: _____

DISPOSITION (office use only)

Email address _____ Permission to email parking pass? Y N

[] Scheduled with
Intake therapist: _____ Date: _____ Time: _____

- [] Unable to schedule
 - [] Cannot provide requested services
 - [] No available openings