



BORANG TEMUJANJI KLIEN DIRUJUK
REFERRED CLIENT APPOINTMENT FORM

Pusat Kaunseling, Jabatan Hal Ehwal Pelajar & Alumni
Counselling Center, Department of Student Affairs & Alumni



05-4506774

A NAMA NAME :	NO. STAFF / NO. MATRIK :
PTj / FAKULTI DEPARTMENT / FACULTY :	JAWATAN / PROG POSITION / PROGM :
NO. TEL. MOBILE PHONE NUM. :	E-MAIL :
JANTINA GENDER :	SEMESTER :

NAMA PEGAWAI PSIKOLOGI
NAME OF PSYCHOLOGICAL OFFICER

TARIKH DATE :	MASA TIME :
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B Jenis perkhidmatan yang diperlukan *Types of services required*

- i) Bimbingan *Guidance* ii) Kaunseling *Counselling*

C Jenis masalah *Type of problem*

- | | | |
|---|--|--|
| i) Akademik <i>Academic</i> <input type="checkbox"/> | v) Keluarga <i>Family</i> <input type="checkbox"/> | ix) Penyalahgunaan Bahan <i>Substance Abuse</i> <input type="checkbox"/> |
| ii) Kerjaya <i>Career</i> <input type="checkbox"/> | vi) Kesihatan Mental <i>Mental Health</i> <input type="checkbox"/> | x) Lain - lain <i>Others</i> _____ |
| iii) Psikososial <i>Psychosocial</i> <input type="checkbox"/> | vii) Bunuh Diri <i>Suicide</i> <input type="checkbox"/> | _____ |
| iv) Kewangan <i>Financial</i> <input type="checkbox"/> | viii) LGBT (_____) <input type="checkbox"/> | _____ |

Tandatangan Klien
Client Signature :

Tarikh
Date :

KEGUNAAN PEJABAT *THIS SECTION IS FOR OFFICE :*

Tarikh sesi dijalankan *Session date* :

Dirujuk oleh *Referred by* :

Ulasan *Comments* :

Tandatangan Pegawai Psikologi
Signature of Psychological Officer :

Nama Pegawai Psikologi
Name Of Psychological Officer :