



Prahladrai Dalmia Lions College of Commerce & Economics
(Government Aided & Affiliated to University of Mumbai & AICTE, New Delhi)
NAAC Re-accredited with 'A' Grade (III Cycle)
ISO 21001:2018 Certified

University of Mumbai Recognized Research Centre in Accountancy, Commerce & Business Economics

A Government Approved Hindi Linguistic Minority Institute
52 Years of Sterling Performance in Education

THERAPY CONSENT FORM

Name: _____

Address: _____

Class: _____

Div.: _____

Roll No: _____

Date: _____

Phone: _____

Emergency Contact Person & Contact Number:

Have you received counselling therapy before?

- Yes
 No

Are you on any medication? If yes, which ones?

- Yes
 No

Have you diagnosed with any mental condition before? If yes, which ones?

- Yes
 No

Please mark any of the following conditions you may currently have

- Mood Swings
- Feeling lost
- Extremely sad
- Unmotivated
- Feeling of Hate
- Hopeless
- Confused Thinking
- Overthinking
- Less Appetite
- Extreme insecurities
- Messed Sleeping Schedule
- Low Energy
- Less Interactive
- Sudden shivering

Others, kindly specify

TERMS & CONDITIONS

- **It is mandatory to complete the therapy**
- **Students have to be regular with the sessions for its complete effect.**

I understand that the therapy is for the purpose of stress reduction and dealing with my mental wellness. I will inform the therapist of my current condition at the time of each visit.

Signature of the Student: _____

Signature of the Parent: _____

Student is referred to seek counselling by:

Self

Parent

Mentor

Vice-Principal

Kindly get the name and signature of any one of the above concerned authority (except self):
