

Please email BOTH of the following forms to healthedNP@gc.cuny.edu using the Subject line: "Health Ed Consult Request Forms"

***Health and Wellness Education Sessions Agreement**

The Health Education Consultant's exclusive role is to provide health and wellness information and education. Sessions with the consultant are not medical treatment, psychological counseling or psychotherapy. In the event that a student requests medical treatment or counseling, the Health Education Consultant is available to provide referrals to meet this need. The student agrees to inform the Health Education Consultant if there are topics or discussions that the student is either uncomfortable discussing or does not want to address.

STUDENT SIGNATURE: _____ DATE: _____

STUDENT NAME (printed): _____

HEALTH ED CONSULTANT SIGNATURE: _____ DATE: _____

****Please read this form prior to your consultation. It will be signed at your appointment. Print your name and submit along with the Request Form.***