

WELLNESS CENTER STUDENT HEALTH SERVICES

HEALTH EDUCATION SESSIONS:

**\*\*REQUEST FORM**

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

Patient Name: (Last) \_\_\_\_\_ MI \_\_\_\_\_ (First) \_\_\_\_\_

Contact Information:

Telephone(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Program \_\_\_\_\_ # of Years in Program \_\_\_\_\_ Level (circle) I II III

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

International Student? \_\_\_\_\_ Relationship/Marital Status \_\_\_\_\_

Initial Visit

Follow Up Visit

Preference:  Office Consult

Telephone Consult

Insured?  Yes  No If yes, name of carrier \_\_\_\_\_

How did you find out about this service?

\_\_\_\_\_

What health information are you seeking? \_\_\_\_\_

Please indicate the hours that you may be available:

Tuesdays \_\_\_ : 10:30\_\_\_ 11:00\_\_\_ 11:30\_\_\_ 12\_\_\_ 12:30\_\_\_ 1:00\_\_\_ 1:30\_\_\_

Wednesdays before 2pm (at the discretion of the Health Education Consultant) \_\_\_\_\_

**\*PLEASE NOTE THAT UNLESS THIS FORM IS SUBMITTED ON TUESDAY OR WEDNESDAY BEFORE 2:30 PM, THERE MAY BE A 5 DAY DELAY IN RECEIVING A RESPONSE TO THIS FORM**