Mount Sinai *Phillips School of Nursing*
At Mount Sinai Beth Israel

Counseling Record

Student Name _____ **Date** _____

Initiated By: ◯ Student ◯ Faculty ◯ Other: Specify _____

PURPOSE OF INTERVIEW:

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SUMMARY:

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RECOMMENDATIONS:

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Faculty Name & Signature Date

ACKNOWLEDGED BY:

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Student Name & Signature Date

Revised: January 8, 2020