UCF | Counseling and Psychological Services

**Reassignment Request Form**

Name_____ PID_____ DOB _____

Reassignments are done at CAPS on Thursdays. CAPS makes every attempt to honor the preferences of clients but cannot guarantee assignment to an expressed preferred clinician. At peak times during the semester or because of previous clinical recommendations, a client may be referred back to a previous therapist. CAPS has a policy that you may only request reassignment two times. If you fail to connect to a therapist after a 2nd request for reassignment, you may not be eligible for services for the rest of that semester.

1. Why are you returning to CAPS? Please check all that apply.

_____ I did not complete treatment.

_____ I did not return after initial assessment.

_____ I would like to continue working on the same presenting concerns.

_____ I have a different concern or problem.

_____ I had a difficult time connecting to resources off campus.

2. Would you prefer to see a previous therapist? Please circle one.

Y N No Preference

3. Preferences

_____

4. Comments or feedback regarding coming back to CAPS

_____

I agree with and understand the information provided in this document. This information may be entered into my file by CAPS front desk staff. I am responsible for understanding CAPS policy around reassignments. Any questions, please contact CAPS at 407-823-2811.

Please call next Monday morning to schedule your next counseling session.

After completion, please return in person/fax to CAPS (Building 27) Fax: 407-823-5415

**FOR CAPS USE ONLY**

Received by_____ Date_____ Verified Phone Number ☐