STUDENT LIFE | Health & Wellness

Counselling Form

Student Information	
Last Name:	First Name:
Student Number:	Date:

A Few Questions About You:	Yes (✓)	No (✓)
Are currently receiving mental health supports or waiting for treatment to start at Health & Wellness?	☐	☐
If yes, what type of service are you receiving and with whom? _____		
Are you having thoughts of suicide or harming others today?	☐	☐
Are you questioning your drug and/or alcohol use?	☐	☐
Do you see or hear things that other people cannot see or hear?	☐	☐

Today's Counselling Goals

What is the one problem that seems most important to work on today/now?

How is this issue affecting you? (e.g., affects school, mood, sleep, appetite, motivation, social life, work, etc.)

Rate your stress level related to the problem you want to talk about today:

NO STRESS 1 2 3 4 5 6 7 8 9 10 EXTREME STRESS

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

What have you tried already to solve this problem or issue (or related problems)?

What would you like to gain in today's session? What outcome are you hoping for? (Feel free to use the examples below.)

_____

_____

Information about… _____

Help in making a decision about… _____

Help in understanding… _____

Help with managing a conflict between… _____

Support in… _____

Ideas about managing… _____

Thank you for completing this form. Your counsellor/therapist will review your response prior to your visit.