

Student Information

Last Name		First Name	
Student Number		Date	

Have you used our mental health or counselling services before? Yes No

Who referred you to Health & Wellness?

- Self Accessibility Services Registrar Student Life Staff U of T Staff/Faculty Internet/Web Friend
 Other: _____

Academic Information

Please indicate your academic status (*check all that apply*):

- I am a full-time student I am a part-time student I am an international student

Please indicate your Year of Study: _____

I am registered at the following campus: St. George Campus Mississauga Campus Scarborough Campus

Please indicate your Academic Program:

- Undergraduate Graduate Professional Program Transitional Year Program Other: _____

If you are an Undergraduate student, please indicate your College affiliation:

- Innis New St. Michael's Trinity University Victoria Woodsworth Other: _____


Presenting Concerns

Which of the following are of concern to you (*check all that apply*)?

- Anxiety Depressed mood Relationship(s) Body image/eating Substance use Alcohol use Sexuality
 Sexual orientation Abuse/assault Academic LD/ADHD Grief/Bereavement Gender identity
 Self-harm behaviours Other: _____

Please specify up to 3 wellness or treatment goals that you would like to accomplish:

1. _____
2. _____
3. _____

Please turn over 

Please identify what you (or others who know you well) perceive as your strengths:

1. _____

2. _____

3. _____

Please bring this into your session to discuss with your clinician/therapist.