

Student Information

Last Name:	First Name:
Student Number:	Date:

A Few Questions About You:

	Yes (✓)	No (✓)
Have you used Health & Wellness before?	[]	[]
Have you used our same-day counselling service before?	[]	[]
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?	[]	[]
How did you hear about our same-day counselling service? _____		

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... _____

Please complete page 2...

What would you consider to be sources of strength or support for you (e.g., sense of humour, friends, patience, spirituality, creativity, strong will, courage, religion, family)?

Is there anything you feel is important for us to know about you that we didn't ask (e.g., culture, ethnicity, religion, language, sexual orientation, gender identity/expression, abilities, physical or mental health, etc)?

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

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: _____

Program of Study: _____

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