Schulich MEDICINE & DENTISTRY

Learner Experience

Intake Form

All contacts with our services are confidential

SURNAME		**GIVEN NAME(s)**	
STUDENT #		**DATE**	

LOCAL ADDRESS

Street (include apartment #/residence)	*City/Province*
Postal Code	*Cell Phone #*

HOME ADDRESS

Street	*City/Province*
Postal Code	*Home Phone #*

EMAIL ADDRESS							
BIRTHDATE				**AGE**		**GENDER**	
	dd	*mm*	*yy*				
YEAR IN PROGRAM							

I am a learner at the: ◯ Windsor Campus ◯ London Campus

Please identify your program(s) and year of study.		**Referred by:**	
◯	Medicine	◯	Parent/Guardian
◯	Dentistry	◯	Professor
◯	Resident	◯	Preceptor/Program Director
◯	Fellow	◯	Friend
◯	ITD	◯	Self
◯	MD/PhD	◯	Other Professional
◯	DCS	◯	Student Health Services
◯	MD+		
OTHER		OTHER	

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CONTACT PERSON IN CASE OF EMERGENCY:			
NAME			
ADDRESS			
PHONE #		**RELATIONSHIP**	

PRESENTING CONCERN (CHECK ANY THAT APPLY)

PERSONAL COUNSELLING		**PROGRAM ISSUES**	
☐	Family/Friendship/Relationship	☐	Academic Difficulty
☐	Procrastination/Coursework Pressure	☐	Career Uncertainty
☐	Depression/Self Esteem	☐	Burnout/Stress
☐	Eating Problems	☐	Failed Rotation
☐	Anxiety	☐	Questioning Program Transfer
☐	Sexual Assault/Date Rape	☐	Assessment Concerns
☐	Grief	☐	Equity Concerns
☐	Crisis in Confidence	☐	Mistreatment/Harassment
☐	Remediation	☐	Financial Concerns
☐	Adjusting to Professional School/ PostgradTraining	☐	Other

LEARNING SKILLS		**CAREER COUNSELLING**	
☐	Time Planning/Organization	☐	Career Indecision
☐	Low Marks	☐	Preparing for Residency Application
☐	Exam Preparation and Test Taking	☐	CV /Personal Statement Review
☐	Test Anxiety	**HEALTH CONCERNS**	
☐	Learning accommodation	☐	Health Accommodation
☐	Motivation	☐	Other Health Issue

OTHER (concerns not listed on card)