

Intake Form

All contacts with our services are confidential

| | | | |
|------------------|--|----------------------|--|
| SURNAME | | GIVEN NAME(s) | |
| STUDENT # | | DATE | |

LOCAL ADDRESS

| | |
|---|----------------------|
| | |
| <i>Street (include apartment #/residence)</i> | <i>City/Province</i> |
| | |
| <i>Postal Code</i> | <i>Local Phone #</i> |

HOME ADDRESS

| | |
|--------------------|----------------------|
| | |
| <i>Street</i> | <i>City/Province</i> |
| | |
| <i>Postal Code</i> | <i>Home Phone #</i> |

| | | | | | | |
|----------------------|-----------|-----------|-----------|------------|------------------------|---------------|
| EMAIL ADDRESS | | | | | | |
| BIRTHDATE | | | | AGE | | GENDER |
| | <i>dd</i> | <i>mm</i> | <i>yy</i> | | | |
| PROGRAM | | | | | YEAR IN PROGRAM | |

You will be contacted by phone if there are any changes to your appointment

| Please check the appropriate category: | | Referred by: | |
|--|-----------------------|-----------------------|-------------------------|
| <input type="radio"/> | Medicine | <input type="radio"/> | Parent/Guardian |
| <input type="radio"/> | Dentistry | <input type="radio"/> | Professor |
| <input type="radio"/> | Resident | <input type="radio"/> | Academic Counsellor |
| <input type="radio"/> | Fellow | <input type="radio"/> | Friend |
| <input type="radio"/> | ITD | <input type="radio"/> | Self |
| <input type="radio"/> | MD/PhD | <input type="radio"/> | Other Professional |
| <input type="radio"/> | DCS | <input type="radio"/> | Student Health Services |
| OTHER | | <input type="radio"/> | Other |
| | <i>Please specify</i> | | |

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

PRESENTING CONCERN (CHECK ANY THAT APPLY)

| PERSONAL COUNSELLING | | PROGRAM ISSUES | |
|--------------------------|-------------------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | Family/Friendship/Relationship | <input type="checkbox"/> | Crisis in Confidence |
| <input type="checkbox"/> | Procrastination/Coursework Pressure | <input type="checkbox"/> | Remediation |
| <input type="checkbox"/> | Depression/Self Esteem | <input type="checkbox"/> | Academic Difficulty |
| <input type="checkbox"/> | Adjusting to Professional School | <input type="checkbox"/> | Career Uncertainty |
| <input type="checkbox"/> | Eating Problems | <input type="checkbox"/> | Burnout/Stress |
| <input type="checkbox"/> | Anxiety | <input type="checkbox"/> | Failed Rotation |
| <input type="checkbox"/> | Sexual Assault/Date Rape | <input type="checkbox"/> | Questioning Program Transfer |
| <input type="checkbox"/> | Grief | <input type="checkbox"/> | Evaluation Concerns |
| <input type="checkbox"/> | Other | <input type="checkbox"/> | Equity Concerns |

| LEARNING SKILLS | | CAREER COUNSELLING | |
|--------------------------|----------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Time Planning/Organization | <input type="checkbox"/> | Career Indecision |
| <input type="checkbox"/> | Low Marks | <input type="checkbox"/> | Preparing for Residency Application |
| <input type="checkbox"/> | Exam Preparation and Test Taking | <input type="checkbox"/> | CV /Personal Statement Review |
| <input type="checkbox"/> | Notetaking or Reading Skills | | |
| <input type="checkbox"/> | Comprehension/Memory | | |
| <input type="checkbox"/> | Motivation | | |

| |
|--|
| OTHER (concerns not listed on card) |
| |