

# INTAKE ASSESSMENT REPORT

Student Name \_\_\_\_\_ Date \_\_\_\_\_

**\*\*ALL INFORMATION IS STRICTLY CONFIDENTIAL\*\***

WHAT WOULD YOU LIKE TO TALK ABOUT TODAY? (reason(s) for coming)

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HOW ARE YOU FEELING? (Mood, energy level, eating, sleeping etc.)

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RELATIONSHIPS: (i.e. partners, close friends)      Briefly describe:

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FAMILY CIRCUMSTANCES: (parents, siblings)      Briefly describe:

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WHAT ARE YOUR GOALS FOR COUNSELLING? (in order of importance)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**CONFIDENTIAL**

STUDENT INFORMATION FORM

DATE \_\_\_\_\_

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SURNAME (PLEASE PRINT)                      GIVEN NAME                      NAME USED

O.H.I.P. No. \_\_\_\_\_ or U.H. I. P. \_\_\_\_\_

STUDENT NO. \_\_\_\_\_ COLLEGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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LOCAL ADDRESS

Do you live with room/house mates? No  Yes  If yes, how many? \_\_\_\_\_

PHONE NO. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Is it OK to leave a telephone message for you at this number? Yes \_\_\_\_\_ No \_\_\_\_\_

PHONE NO. \_\_\_\_\_

HOME TOWN OR PARENTAL ADDRESS (if different than above)

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**EMERGENCY CONTACT:**

Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

What is your current status? (Please check) 1. Full-time undergraduate \_\_\_\_\_  
2. Part-time undergraduate \_\_\_\_\_  
3. Full-time graduate \_\_\_\_\_  
4. Part-time graduate \_\_\_\_\_

YEAR: 1\_\_ 2\_\_ 3\_\_ 4\_\_ other \_\_\_\_\_ PROGRAM: \_\_\_\_\_

How long ago did you book your appointment? # days \_\_\_\_\_ # weeks \_\_\_\_\_

Have you had previous counselling contact with our Centre? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

How did you learn about this service? \_\_\_\_\_