



CONFIDENTIAL COUNSELLING INTAKE FORM

The Intake Appointment is to assess your current concerns and recommend the most appropriate treatment options which may include on-going counselling. Please provide the following information.

Name: (Last name) (First name)
Birthdate (DD/MM/YY): Male/Female Student #:
Phone: () Can we leave a message? Y N
Email: Where do you live now? off-campus on-campus
Residence: Bldg. Floor
Year Program Are you an international student? Y N

Referred for counselling by: Self Medical Staff at Health Services Carleton Faculty or Staff

Friends Family Residence Life Staff Other

Your resources: Do you have access to extended health insurance, or other means of paying for private counselling off-campus? (Please circle one) Yes No Not Sure

Other Resources: Social Network Family Spiritual Other

Reason(s) for seeking counselling: What are your concerns?

Your counselling history: Have you had any past counselling experience? Yes No

Are you currently seeing anyone (eg. doctor, alternative therapist)

Please provide us with an alternate contact:

Name: Telephone: ()

PLEASE NOTE

All counselling services at Health & Counselling Services are CONFIDENTIAL - some exceptions to confidentiality include legal requirements, such as if a client is in danger of harming themselves or others or if they report current child abuse. Health & Counselling Services has a no-show / late cancellation policy. If you need to miss a session for any reason, we need a minimum notice of 24 business hours to cancel. Failure to notify us of cancellation or failure to come for your appointment will result in a \$100 charge which will be placed on your student account.

Signature: Date: