

University of Lethbridge
Counselling Services
Counselling Services Intake Form

WARNING: If this is an emergency, call 911 or the Calgary Distress Center Crisis Line at (403)-266-4357

First Name	Last Name
Preferred Name	Student ID
Mobile Phone	e-mail
CURRENT Address	

May we contact you by phone? Yes No

May we send you appt. reminders via text message? Yes No

May we contact you via e-mail? Yes No

Academic Information

Are you registered to take courses at the University of Lethbridge? Yes No

Faculty or School:

- Arts & Science
- Education
- Fine Arts
- Management
- Health Sciences
- School of Graduate Studies
- Other (i.e., open studies, FNTP)

Major/Program of Study	
Year of Study	Current number of courses

Are you an International Student? Yes No

Are you an Indigenous Student (e.g., First Nations, Inuit, or Metis)? Yes No

Additional Information

Age	Date of Birth
Gender Identity (e.g., male, female, transgendered, non-binary, gender queer, etc...)	
Pronoun	

Have you ever been to counselling/therapy before? Yes No

Have you been to counselling at the U of L before? Yes No

If you answered "yes" to the above question, indicate name of counsellor and year last attended.
What medication are you currently taking (if any)?

How did you learn about Counselling Services at the U of L?

- U of L Faculty/Staff
- Friend
- Website
- Brochure/Poster
- Campus Event (i.e., NSO, Ahead of the Herd)

May we contact you regarding the quality of services you receive? Yes No

THE FOLLOWING INFORMATION IS USEFUL TO HELP US DETERMINE HOW BEST TO ASSIST YOU. Please mark any specific concerns that apply.

PERSONAL CONCERNS:

- Abuse
 - Emotional
 - Physical
 - Sexual
- Anger Management
- Anxiety/Panic Attacks
- Assault
 - Physical
 - Sexual
- Decision Making
- Depression
- Drinking/Drug Concern
- Eating/Body Image
- Employment Concerns
- Family
- Financial Concerns
- Gender Identity
- Identity Concerns
- Loss/Grief
- Obsession/Compulsion
- Perfectionism
- Procrastination/Time Management
- Relationship Break-up
- Relationship Concerns
- Self-confidence
- Self-harm Behaviour
- Sexual Concerns
- Sexual Orientation
- Sleep
- Social Anxiety
- Social Concerns
- Stress
- Suicidal Thoughts
- Traumatic Event
- Worried about someone else
- Other

If other selected, describe

ACADEMIC/CAREER CONCERNS:

- Academic Probation
- Career Goals/Information
- Concerns with Supervisor/Professor
- Doing Poorly/Failing
- Studying/Learning
- Test Anxiety
- Withdrawal from Course(s)
- Withdrawal from University

Which of the above is of most concern today?

PLEASE RATE YOUR CURRENT LEVEL OF FUNCTIONING ON THE SCALE:

- 1 = I am unable to function in daily life (not coping at all)
- 2 = I am struggling with daily life (barely coping)
- 3 = I am managing with daily life (coping)
- 4 = I am functioning well in daily life (thriving)

- 1 2 3 4

SAFETY CONCERNS

If you answer "yes" to any of the following, then you may meet the criteria for emergency support with counselling services.

I currently have a PLAN to kill myself and I intend to act on it. Yes No

I have RECENTLY been physically assaulted and/or have been physically threatened, and this is the reason I am accessing services. Yes No

I have RECENTLY been sexually assaulted, and this is the reason I am accessing services. Yes No

I currently have some serious thoughts and/or plan to cause serious physical harm or death to someone else. Yes No

FOR ADMIN PURPOSES ONLY

- Not applicable; No safety concerns identified.
- Client denied need for emergency service.

Client accepted appointment scheduled for: