
Fleming College

Welcome to Fleming College Personal Wellness Counselling

Intake Questionnaire

Please answer the following questions to the best of your comfort and ability. This form will help us guide your initial counselling appointment to address the needs that have brought you here. Our goal is to maximize the time we have together, allow you to share information in advance, and ask any questions you may have before your first appointment.

General Information

Name (please print) _____ Student # _____

Preferred Name _____ Pronoun(s) _____

Local Address _____

Local Phone or Cell Number _____

May we leave a message? Yes ☐ No ☐ Preferred Method of Contact? Email ☐ Phone ☐

Emergency Contact Name _____ Relationship _____

Phone Number _____

Do you have a First Nation, Inuit or Metis (status or non-status) ancestry? Yes ☐ No ☐

(Note: this may also be helpful if you are band funded as any changes to your academic status may affect your funding.)

Are you attending Fleming as an International student? Yes ☐ No ☐

* Is there anything you feel is important for us to know about your culture, ethnicity, religion, language, sexual orientation, gender, or other?

How would you prefer to be contacted to arrange an appointment? Phone ☐ Email ☐

(Please note: if you select email, we will use your Fleming College student email for correspondence)

Do you have a counsellor you would prefer to speak with? If yes, please specify.

Laraine Hale ☐ Shannon Ireland ☐ Melissa Murray ☐ Nancy Verduyn ☐ Linda McFadden ☐

Which Campus are you attending?

Sutherland ☐ Frost ☐ Haliburton ☐ Cobourg ☐

Please check your preference for which method of counselling you would like to access:

Video (WebEx) ☐ Phone ☐

**Your preferences will be shared, and arrangements made between you and your counsellor.*

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Questions to help us get to know you:

1. What concern are you hoping to address today? (describe briefly)

2. How is this impacting your daily life?

3. On a scale of 1 to 10, please rate how well you feel you have been handling this concern. "1" being 'you are handling the concern very poorly' and "10" being 'you are handling the concern very well.'

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

4. If 1 is the worst and 10 is the best, how are you feeling today?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

5. What would be the most useful thing that we could achieve in this session today?

6. What has helped you resolve/manage this concern so far?

7. Is there anything you feel is important for us to know about your mental or physical health?

****If you are in crisis, please contact Good 2 Talk at 1-866-925-5454 and/or visit your local emergency/crisis department****

Please save this completed document and email it to: caes@flamingcollege.ca The Counselling and Accessible Education Services will contact you to book an appointment.

Please review the Counselling Services Confidentiality Agreement Form and initial the bottom of the form.

Please note that forms submitted electronically will only be accessed during business hours 8:30am to 4:30pm Monday through Friday.

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Counselling Services Confidentiality Agreement

Confidentiality Agreement

The staff of Personal and Wellness Counselling are bound by law and ethics to safeguard your privacy and the confidentiality of your personal information. We collect, use and disclose only the information necessary for the provision of supports you request. We also believe you should fully understand the limitations of confidentiality in order for you to make an informed decision regarding what you disclose in counselling.

We are required to disclose confidential information to third parties if any of the following conditions exist:

- ✓ You present a serious risk of harm to yourself or others (This may require sharing of relevant information with the Fleming Behaviour Assessment Management Team, as defined under Fleming's Violence Prevention policy #4-420)
- ✓ You share information that leads to a suspicion that a child under the age of 16 has been or is at risk of being physically, emotionally or sexually abused.
- ✓ Your file is subpoenaed as part of a court proceeding.
- ✓ You reveal that you have been sexually abused by a health care professional who is covered by the Regulated Health Professions Act (e.g. a physician or psychologist).

Please note: if any of the exceptions listed above occurs, your counsellor will, as much as possible, let you know what information they have to share and who they will share it with, as well as the possible consequences, before the disclosure is made.

The Manager of Counselling Services, as well as the Director of Counselling and AES, will have access to your file as needed, in order to provide appropriate consultation and supervision.

Your signature below indicates that you understand the above information on confidentiality, and that you consent to receiving services through our department. This agreement is deemed to be in effect for the duration of the time that you are a student at Fleming College. You have the right to withdraw consent for service at any time.

_____ Initial here that you have read and reviewed the confidentiality agreement.