

# Personal Wellness Counselling

## Student Intake Form



# FLEMING

\*\* Please download and save **first**, then complete this form\*\* Once completed, please email to [caes@flemingcollege.ca](mailto:caes@flemingcollege.ca)

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.

### Student Information

Full Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Local Address: \_\_\_\_\_

#/unit, street name, province, postal code

Home Phone: \_\_\_\_\_ Can we leave a message? Y N

Cell Phone: \_\_\_\_\_ Can we leave a message? Y N

Do you identify as having First Nation, Inuit, or Metis (status or non-status) ancestry? Y N

(This is helpful to know if you are band funded, as changes to your academic status may affect funding)

Are you attending Fleming as an International student? Y N

### Emergency Contact Information

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

### Appointment Preferences

Fleming College is committed to building an inclusive service that is supportive of all its students' diversity, including but not limited to, race, culture, religion, gender identity, and sexual orientation. Acknowledging the disparities in mental health care, we have racialized counsellors who support those who identify as Black, Indigenous, and People of Colour (BIPOC).

Please indicate this preference: BIPOC

Which Campus are you attending? Sutherland Frost Haliburton

Preference for which method of counselling you would like to access: Video (WebEx) In Person

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

### Questions to help us get to know you:

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

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2. How is this impacting your daily life?

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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?

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

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

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**\*\*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@flemingcollege.ca](mailto:caes@flemingcollege.ca)

The Counselling and Accessible Education Services will contact you to book and 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.**

## **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 healthcare 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.**