

Student Intake Form

** Please download and save **first**, then complete this form** Once completed, please email to 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: DD/MM/YY _____ Pronouns: _____

Local Address: _____

#/unit, Street Name City 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).

We also have LGBTQ2SIA+ counsellors who support those who identify within the Lesbian, Gay, Bisexual, Trans, Queer, Two-Spirit, Intersex, Asexual (LGBTQ2SIA+) community.

Please indicate this preference: BIPOC LGBTQ2SIA+

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:

What brought you into Counselling Services today?

What concerns you the most right now? If you had to pick one concern to focus on, what would it be?

How is this concern affecting you? (i.e., school, mood, sleep, appetite, motivation, social life etc.?)

How would you know when things get better? What would be different in your life?

What might be the best thing that could happen in this appointment?

Who are the most supportive people in your life? (e.g., partner, family, friends, roommate, pets, etc.)

****If you are in crisis, please call/text the National Crisis line at 9-8-8, and/or visit your local emergency/crisis department****

Please save this completed document and email it to: caes@flemingcollege.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.

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.