

Western Engineering

The information provided in the following form will not be shared and is treated as strictly confidential. By providing us with this information, we will be able to form part of your electronic health record that is covered under the Personal Health Information Protection Act (PHIPA).

Please complete and send this form to sara.hanna@uwo.ca.

Student Information	
Last Name:	First Name:
Student Number:	Date of birth:
Email Address: _____@uwo.ca	Phone number:
Health Card #:	Department and Year of Study:
Current Address (including postal code):	Home Address (including postal code):
Gender:	Pronoun(s):
First Language and Ethnicity:	International Student Domestic Student
Emergency Contact (Name and Number):	

Presenting Concerns

Presenting Problem and History of issue:

Which of the following are of concern to you (check all that apply):

- Anxiety Mood Relationship(s) Body image/eating Substance use Trauma
 Academic Issues/Concerns Learning Disability Attention (ADHD) Grief/Bereavement
 Self-harm behaviours Addiction Other: _____

What have been some major sources of stress this past year?

Coping Mechanisms (e.g. How do you normally deal with stress?)

What would someone else like and respect most about you if they had a lot of time to get to know you?

For us to be most helpful, is there anything you feel is important for us to know about your culture, ethnicity, religion, language, sexual orientation, gender identity/expression, mental or physical health, or other?

Have you accessed counselling or mental health services before? No Yes
If yes, where was this service? _____

How did you learn about this service?

E-mail Internet/Web Friend Western Engineering Staff (name): _____

Other (specify): _____

What is your best hope for making this appointment?

Note: You will be communicated about your appointment date and time through your Western email address.