

# 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 [echute@uwo.ca](mailto:echute@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:**

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**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?**

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

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

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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?

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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?

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