UNIVERSITY OF SASKATCHEWAN

Mental Health Intake

Office Use Only

Scheduled Intake:	Intake Counsellor:
Urgent Appointment: (Date seen/provider)	

Student Information Form

To assist in finding the right support for you, please fill in the information below to help us understand who you are and what services you may need.

Date	Name	Preferred Name

Student Number	NSID	Date of birth (dd/mm/yyyy)	Age	Gender Female Male Other

Health Number	Province of Health Insurance	Health Number Expiry Date

Marital Status	Number of Children	Current Street Address	City/Town

Province	Postal/Zip Code	I live in U of S Residences Yes No	Telephone Number	Can we leave you a message? Yes No

Email Address	Were you referred to our service? Yes No	If yes, by whom?

Emergency Contact

Name	Relationship to you

Street Address	City/Town	Phone Number

Are you currently having suicidal thoughts? Yes No	Are you at immediate risk of taking your own life or someone else's? Yes No
Is there concern about violence in your life today, either from you or towards you? Yes No If yes, please explain:	
Do you have someone you can talk to about it?	

If you have indicated having suicidal ideation, a member of the Student Affairs and Outreach team will be in contact with you to discuss your safety.

If you need to talk to someone immediately please call **Saskatoon Mobile Crisis at 306-933-6200,** this is a 24-hour crisis line.

If you need immediate help go to the **Royal University Hospital Emergency Department at 103 Hospital Drive.**

Mental Health Intake

Academic Information

Are you currently enrolled in classes? Yes No	If no, when are you returning to classes:	Full time student Part time student	Domestic student International student
College	Department	Year in Program	
How would you describe your academic health? (I.e. change in grades, stress, procrastination, perfectionism etc.)			

Mental Health Treatment History

Are you currently receiving counselling elsewhere? Yes No	If yes, where and by whom?
Have you ever seen a counsellor at the University of Saskatchewan? Yes No	If yes, who did you see and when?
Primary physician	Psychiatrist
Any past or present mental health concerns or diagnosis (i.e. ADHD, Depression, anxiety, OCD)	
Any past or present significant health issues or concerns	
Current medications	
Present general emotional state: (i.e: anxious, content, frustrated, confused, excited, overwhelmed, sad, lonely etc.)	
Do you have a history of depression? Yes No	If yes, please explain
Does anyone in your family have a history of depression? Yes No Not Sure	If yes, please explain

UNIVERSITY OF SASKATCHEWAN

Mental Health Intake

Current symptom checklist (rate intensity of symptoms presently experiencing)

Mild = Impacts quality of life, but no significant impairment of day-to-day functioning
Moderate = Significant impact on quality of life and/or day-to-day functioning
Severe = Profound impact on quality of life and/or day-to-day functioning

	Mild	Mod	Severe	How long?		Mild	Mod	Severe	How long?
Depressed mood					Binging / purging				
Sadness					Anorexia				
Hopelessness					Laxative / diuretic misuse				
Frequent tearfulness					Hyperactivity				
Appetite disturbance					Elevated mood				
Appetite disturbance					Hallucinations				
Fatigue / low energy					Paranoid ideation				
Poor concentration					Delusions				
Poor memory					Panic attacks				
Mood Swings					Generalized anxiety				
Agitation					Avoidance behaviours				
Irritability					Self-harm				
Conduct problems					Grief / loss				
Aggressive behaviours					Loneliness				
Sexual dysfunction					Isolation / withdrawal				
Phobias					Obsessions / compulsions				

How often do you engage in alcohol use:
Daily Weekly Monthly Infrequently Never

How often do you engage in recreational drug use:
Daily Weekly Monthly Infrequently Never

Any problem habits or addictions present in your life? (i.e. over/under sleeping, over/under eating, internet, pornography, smoking, drugs, alcohol, shopping, sex, gambling etc.)

Yes No

If yes, please explain:

Presenting issue:

What is the presenting issue or main concern for seeking services today?

How troubling are the issues for you now?

1 2 3 4 5 6 7 8 9 10
Low High

What are your goals for therapy?

Is there anything else you would like the intake counsellor to know?

Student Affairs and Outreach ■ Room 310, Place Riel Student Centre ■ 1 Campus Drive ■ University of Saskatchewan ■ Saskatoon, SK S7N 5A3 Canada ■ Tel: 306-966-5757