UNIVERSITY OF SASKATCHEWAN

Mental Health Intake
Student Information Form

Office Use Only

Scheduled Intake:	Intake Counsellor:
Urgent Appointment: (Date seen/provider)	Wellness Card Provided? ◯ Yes ◯ No

Student Information

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 Submitted (dd/mm/yyyy)	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 (mm/yyyy)	
☐ **I live in Usask residences** (Ask to see the Residence Intake Counsellor) ☐ I **do not** live in USask residences	Current Street Address			
City/Town	Province	Postal/Zip Code	Telephone Number	Can we leave a message? ☐ Yes ☐ No
Email Address	Were you referred to our service? ☐ Yes ☐ No	If yes, by whom?		

Are you currently having suicidal thoughts? ☐ Yes ☐ No

If you have indicated yes, a member of the Student Affairs and Outreach team will be in contact with you prior to your intake appointment to ensure your safety.

Are you at immediate risk of taking your own life or someone else's? ☐ Yes ☐ No

*If you have indicated yes, a member of the Student Affairs and Outreach team will meet with you **immediately** to ensure your safety.*

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 the suicidal ideation and/or violence either from you or towards you? ☐ Yes ☐ No

Please explain:

If you need assistance for an urgent situation outside of our regular operating hours, contact:

- Saskatoon Police Service **911**
- University Protective Services **306-966-5555**
- Royal University Hospital Emergency **103 Hospital Dr.**
- Saskatoon Mobile Crisis **306-933-6200**
- Crisis Services Canada **1-833-456-4566**
- Sexual Assault Crisis line **306-244-2224**
- Crisis text line **Text HOME to 686868**

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

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Legal Next of Kin/Emergency Contact

Name	Relationship to you	
Street Address	City/Town	Phone Number

Academic Information

Are you currently registered 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 and Physical Health

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	

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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.

	N/A	Mild	Mod	Severe	How long?		N/A	Mild	Mod	Severe	How long?
Depressed mood	☐	☐	☐	☐		Binging / purging	☐	☐	☐	☐	
Sadness	☐	☐	☐	☐		Anorexia	☐	☐	☐	☐	
Hopelessness	☐	☐	☐	☐		Laxative / diuretic misuse	☐	☐	☐	☐	
Frequent tearfulness	☐	☐	☐	☐		Hyperactivity	☐	☐	☐	☐	
Appetite disturbance	☐	☐	☐	☐		Elevated mood	☐	○	○	☐	
Sleep 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	☐	☐	☐	☐	

Substance Use/Problem Habits

Substance	**Type of Substance**	**Frequency of Use** (daily, weekly, monthly, etc.)	**Amount of Use** (ie. # of drinks consumed per day/week etc.)
Alcohol			
Cannabis			
Other:			
Other:			

Have you ever tried to cut down on any of your alcohol/drug use? ☐ Yes ☐ No ☐ Not Applicable

Has anyone ever expressed concern about your alcohol/drug use? ☐ Yes ☐ No ☐ Not Applicable

Have you ever felt bad/guilty about your alcohol/drug use? ☐ Yes ☐ No ☐ Not Applicable

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

○ Yes ○ No If yes, please explain:

Trauma History

Incidence of trauma in your life (sexual abuse, sexual assault, accident or witnessed accident, tramuatic medical procedure,abuse or witnessed abuse, etc.

○ Yes ○ No If yes, please explain:

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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?

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