 Health & Wellness   
Client Record

*The information provided in the following form will not be shared, and is treated strictly confidentially. By providing us with this information, we will be able to form part of your client health record that is covered under the Personal Health Information Protection Act (PHIPA).   
Please e-mail your form to wellness.law@utoronto.ca*

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| Student Information | |
| Last Name Click or tap here to enter text. | First Name Click or tap here to enter text. |
| Student Number Click or tap here to enter text. | Date of birth Click or tap here to enter text. |
| Year of Study Click or tap here to enter text. | Phone # Click or tap here to enter text. |
| Address Click or tap here to enter text. | E-mail Address Click or tap here to enter text. |

Have you accessed counselling or mental health services before? No  Yes

Have you accessed counselling or mental health services at the Faculty of Law? No  Yes  
 If Yes, when was the last date of service? Click or tap here to enter text.

Who referred you to this counselling service?

Self  Central U of T Health and Wellness  U of T Faculty of Law Staff  Internet/Web  Friend  Other: Click or tap here to enter text.

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| Presenting Concerns |

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

Anxiety  Depressed mood  Relationship(s)  Body image/eating  Substance use  Alcohol use  Sexuality  Sexual orientation  Abuse/assault  Academic Issues/Concerns  LD/ADHD  Grief/Bereavement  Gender identity  Self-harm behaviours  Other: Click or tap here to enter text.

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| Scheduling |

Please indicate your availability for counselling (*check all that apply):*

Monday  Tuesday  Wednesday  Thursday  Friday

Available times: Click or tap here to enter text.

Are there any other factors we should consider in booking your appointment?

Click or tap here to enter text.

Are you interested in receiving more immediate information regarding urgent care resources and crisis support services?

Yes  No