

Counselling First Visit Questionnaire

Student Name: _____

TRU Student number: _____

Preferred Name (optional): _____

Preferred pronoun (optional): _____

Welcome to Counselling Services. Please complete this form so we make a plan together that will start to address your current need(s). This plan may include referrals to workshops or group sessions, short-term individual therapy and information about other helpful resources on and off campus.

About You

Where are you from? _____

Do you live on or off campus? _____

What is your area of study? _____

What year are you in? _____

Your Concerns

What concerns do you wish to share with Counselling Services?

How would you rate the severity of your current concerns?

1 (Mild) 2 3 4 5 (Severe)

Do you have a mental health diagnosis? Yes No

If yes, please specify. _____

Who provided the diagnosis? _____

Have you experienced suicidal thoughts recently? Yes No

If yes, when? _____

Information for Us.

How did you find out about our service? _____

**Thank you for completing this questionnaire.
Next you will meet with a counsellor to discuss your concerns and make a plan.**

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