



Psychosocial Support Intake Form

Please complete this information form as carefully and as thoroughly as possible. This information is **confidential** and will be used by the social worker to assist you. Please note that this is **not** a counselling service and is only available for **short-term** support. Referrals can be made to other resources to provide you with further assistance.

Student information

Complete Name: _____

Student number: _____ Date of birth: _____

Phone/Cell: _____ Email: _____

Program: _____ Year (1st, 2nd, 3rd): _____

Preferred method of contact? ☐ Phone/Cell ☐ Email ☐ MIO

Emergency Contact Information

Complete Name: _____

Relationship with student: _____

Phone #1: _____ Phone #2: _____

Reason for Seeking Psychosocial Support

Briefly describe the problem for which you are seeking psychosocial support

What is your main goal in seeking psychosocial support?

On a scale of 1 to 10, 1 being the worst you have ever felt and 10 being the best you have ever felt, how are you feeling today? _____

Are you currently experiencing any suicidal thoughts? ☐ Yes ☐ No

Are you at risk of harming yourself? None ☐ Low ☐ Medium ☐ High ☐

Are you at risk of harming others? None ☐ Low ☐ Medium ☐ High ☐

Support and Medical History

Do you have an official mental health diagnosis provided through an evaluation by a professional (doctor, psychiatrist, psychologist)? ☐ Yes ☐ No

If yes, please specify the diagnosis(es):

Are you currently receiving or have previously received other psychosocial support, psychological/psychiatric care, or counselling services **outside** of St. Lawrence?

☐ Yes ☐ No

If yes, please specify (including the reason for services):

Are you currently receiving or have you previously received other student services **at St. Lawrence**, including the special education technician (adapted services), guidance counsellor or academic advisor?

☐ Yes ☐ No

If yes, please specify (including the reason for services):

Confidentiality

Communication between you and the social worker is confidential. This means that the social worker will not discuss what you share without your expressed written permission. However, there are a few exceptions in which the social work technician has an ethical and legal obligation to break confidentiality under the follow circumstances:

1. You tell me that you plan to hurt yourself or someone else;
2. If your records are subpoenaed by a court of law;
3. If there is a reason to believe there is an occurrence of child, elder or dependent adult abuse or neglect;
4. If under the age of 18, you tell me that you are being neglected or abused physically, sexually, or emotionally, or that you have been neglected or abused in the past;
5. If under the age of 18, you tell me that you are or have engaged in a sexual relationship with someone who is not within the legal age of sexual consent (see board for Age of Consent chart).

SIGNATURES

- ☐ I have read this document and I understand the above information.
- ☐ I agree to cooperate fully with the College.

Student signature

Date