

PRE-VISIT QUESTIONNAIRE

	No	Yes	
Are you registered with Student Accessibility Services (SAS)?			
Have you ever used the Student Wellness Centre for counselling services?			
Have you ever used the Student Wellness Centre for medical services?			
Have you had prior counselling/mental health care elsewhere?			When/where:
Have you ever taken medication for mental health concerns?			Past Current
Felt the need to reduce your alcohol or drug use			
In the past 3 months, have you often done any of the following in order to avoid gaining weight:			Vomiting Laxatives Over-exercising Fasting
Someone had sexual contact with you without your consent (e.g. you were afraid to stop what was happening, passed out, drugged, drunk, asleep, incapacitated, coerced, pressured, threatened or physically forced)			
Experienced harassing, controlling and/or abusive behaviour from another person (e.g. friend, family member, partner, or authority figure)			
Experienced a traumatic event that caused you to feel intense fear, helplessness, or horror			
Purposefully injured yourself without suicidal intent			
Seriously considered attempting suicide			How often: Most recent:
Made a suicide attempt			# of attempts: Most recent:
Been hospitalized for mental health concerns			# of hospitalizations: Most recent:

GAD-7: Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge				
2. Not being able to stop or control worrying				
3. Worrying too much about different things				
4. Trouble relaxing				
5. Being so restless that it is hard to sit still				
6. Becoming easily annoyed or irritable				
7. Feeling afraid as if something awful might happen				
If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult

PHQ-9: Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling or staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down				
7. Trouble concentrating on things, such as reading the newspaper or watching television				
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual				
9. Thoughts that you would be better off dead, or of hurting yourself in some way				
If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult

INFORMED CONSENT FOR TELEPHONE AND VIDEOCONFERENCING

Prior to starting telephone or videoconferencing, we discussed and agreed to the following:

- There are potential benefits and risks of videoconferencing (e.g. limits to the client's confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telephone and videoconferencing services, and nobody will record the session without permission from the other person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and the counsellor will explain how to use it.
- You need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cellphone or other devices) during the session.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the counsellor in advance by phone or email.
- We need a back-up plan (e.g. phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
- As your counsellor, I may determine that due to the certain circumstances, telephone or video conferencing is no longer appropriate.

PLEASE SIGN BELOW TO INDICATE THAT YOU (THE CLIENT) UNDERSTAND AND ACCEPT THE ABOVE INFORMATION.

Client's signature (or verbal consent if over phone): _____

Client's name: _____

Client's preferred name: _____

Preferred pronoun (e.g. he, she, they, other): _____

Gender identity (e.g. male, female, transgender, non-binary, other): _____

Student number: _____

Date: _____

Counsellor's signature: _____

Counsellor's name: _____

Date: _____