McMaster University | STUDENT WELLNESS CENTRE

Student Wellness Centre
McMaster University, PGCLL, 210
1280 Main Street West
Hamilton, ON, L8S 4K1

905-525-9140 x 27700
1-855-683-4077
wellness@mcmaster.ca
wellness.mcmaster.ca

MENTAL HEALTH / COUNSELLING INTAKE FORM

CLIENT INFORMATION	
Name on health card (first - middle - last)	
Preferred/chosen name	
Pronouns	
Date of birth (YYYY-MM-DD)	
Student number	
Date completed (YYYY-MM-DD)	

WHAT IS THE PRIMARY CONCERN THAT BRINGS YOU HERE TODAY?

WHAT HAVE YOU TRIED TO ADDRESS YOUR CONCERNS?

WHAT SUPPORTS DO YOU FEEL WILL BE HELPFUL FOR YOU?

HAVE YOU:	YES	NO	WHEN WAS THE LAST TIME?
Seriously considered attempting suicide?	☐	☐	
Made a suicide attempt?	☐	☐	
Been hospitalized for mental health concerns?	☐	☐	

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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) Felling 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 ☐

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 ☐