Student Wellness Center, 2nd Floor
Peter George Centre for Living and Learning,
Stearn Drive North
1280 Main St. West. Hamilton, ON, L8S 4K1
Phone: 905-525-9140 ext. 27700 Fax: 1-855-683-4077

MENTAL HEALTH TRIAGE FORM

First Name:	**Last Name:**	
Preferred Name:	**Pronouns:**	
Student ID number:	**Program:**	**Year of Program:**
Date of Birth:	**McMaster Email:**	
Phone number:	**Health card/UHIP number:**	
Current Address:	**Date:**	

The purpose of this form is to gather brief and basic background information before your appointment to help determine appropriate services and support. A mental health nurse will review it and email you within the **next 72 hours (3 business days)** with instructions for next steps, if you do not have an appointment made. After completing this form, please call the clinic to register at 905-525-9140 ext 27700.

1. Primary Concern
Briefly describe the primary reason for booking an appointment (3 sentences max):
_____
_____
_____
_____

2. Risk Assessment
Are you actively suicidal? Meaning an immediate risk (within 24 hours) of severely injuring self, or ending your life with a plan and intent to act? ☐ Yes ☐ No

****If yes, please contact urgent/emergency services - 911, 988 suicide crisis line, COAST 905-972-8338, or present to the nearest emergency department.**

3. History
Have you been formally diagnosed with a mental health disorder? ☐ **Yes** ☐ **No**
If yes diagnosis: _____

Are you currently prescribed mental health medications? ☐ **Yes** ☐ **No**
If yes, list: _____

Have you been prescribed mental health medications in the past? ☐ **Yes** ☐ **No**

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If yes, what year and what medication? _____

Do you have a Family Doctor? ☐ **Yes** ☐ **No**
If yes, name: _____ location: _____

Do you have a family history of formally diagnosed mental health conditions**:**
☐ **Yes** ☐ **No** If yes, state diagnosis and relationship: _____

_____

Have you ever been admitted to hospital for psychiatric care? ☐ **Yes** ☐ **No**
If yes, year (s): _____

4. Substance Use
Do you have any current concerns with substance misuse (alcohol, cannabis, nicotine, other substances)? ☐ **Yes** ☐ **No**
If yes, name of substance and frequency of use: _____
If yes, do you want support? ☐ **Yes** ☐ **No**

5. Sleep
How many hours per night of sleep do you get on average? _____
Quality: ☐ Good ☐ Fair ☐ Poor

6. Eating
Any previous history of concerns with your eating habits or disorders? ☐ **Yes** ☐ **No**
If yes, is this something you currently want support with: ☐ **Yes** ☐ **No**

7. Academic
Are you registered with SAS (Accessibility Services)? ☐ **Yes** ☐ **No**
Academic difficulties (failing, academic probation etc.):
_____

8. Social
Please identify one supportive person in your life: _____

9. Safety
Do you feel physically safe in your current living environment?
☐ **Yes** ☐ **No**

10. Housing Stability
Do you have any concerns about being able to remain in your current housing situation?
☐ **Yes** ☐ **No**

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11. Supports

Counselling:

Are you looking for counselling services (talk therapy, coping strategies and skills, active listening)?

☐ **Yes** ☐ **No**

If yes, do you currently have a counsellor/therapist in the community or within McMaster?

☐ **Yes** ☐ **No**

Are you interested in group-based programs?

☐ **Yes** ☐ **No**

Medical:

Are you looking for physician support (diagnostic clarification, pharmacological treatment, accommodation paperwork, referrals)?

☐ **Yes** ☐ **No**

Other:

Are you interested in resources outside the Student Wellness Centre (career counselling, academic advising, spiritual care, McMaster student Union, Ontario structured psychotherapy)?

☐ **Yes** ☐ **No**

Please complete the following questions

GAD-7				
A. Over the last 2 weeks, how often have you been bothered by any of the following problems?	**Not at all (0)**	**Several days (1)**	**More than half the days (2)**	**Nearly every day (3)**
Q1. Feeling nervous, anxious or on edge				
Q2. Not being able to stop or control worrying				
Q3. Worrying too much about different things				
Q4. Trouble relaxing				
Q5. Being so restless that it is hard to sit still				
Q6. Becoming easily annoyed or irritable				
Q7. Feeling afraid as if something awful might happen				
B. 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**
Score				

McMaster University

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PHQ-9				
A. Over the last 2 weeks, how often have you been bothered by any of the following problems?	**Not at all (0)**	**Several days (1)**	**More than half the days (2)**	**Nearly every day (3)**
Q1. Little interest or pleasure in doing things				
Q2. Feeling down, depressed or hopeless				
Q3. Trouble falling or staying asleep or sleeping too much				
Q4. Feeling tired or having little energy				
Q5. Poor appetite or overeating				
Q6. Feeling bad about yourself or that you are a failure or have let yourself or your family down				
Q7. Trouble concentrating on things such as reading the newspaper or watching television				
Q8. 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				
Q9. Thoughts that you would be better off dead or of hurting yourself in some way				
B. 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**
Score				

GAD-7 score_____ (Nurse completion only)
PHQ-9 score_____ (Nurse completion only)

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Free Mental Health Resources

Good2Talk
1-866-925-5454
24/7 confidential support for post-secondary students run by trained counsellors.
Text: GOOD2TALKON to 686868
https://good2talk.ca/

Barrett Centre for Crisis Support
1-844-777-3571
24/7 safe, immediate crisis support.
https://goodshepherdcentres.ca/services/barrett-centre-for-crisis-support/

Crisis Outreach and Support Team (COAST)
905-972-8338
24/7 mobile mental health and addictions crisis service.
For rapid or emergency response, call 9-1-1

Campus Safety Services
24/7 on-campus emergency response.
Dial 88 from any campus phone
Dial (905) 525-9140 ext. 24281 from a personal mobile phone

Undergraduate Students –24/7 Free Mental health support by trained counsellors through your MSU Student Assistance Plan– virtual or in person. See link below:
https://msumcmaster.ca/info/health-dental-insurance/vhc/

Graduate Students: 24/7 Free Mental health support by trained counsellors through your GSA Student Assistance Plan– virtual or in person. Provided through your Maple Account. Sign up at the following link
https://studentbenefits.ca/mcmaster-university-graduate-student-association/

More resources: https://wellness.mcmaster.ca/resources