

## 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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