CENTENNIAL COLLEGE

Counselling Centre

Intake Form – Part B

(To Be Completed by the Counsellor)

PRESENTING ISSUES & DIAGNOSTIC CATEGORIES (check all that apply)

Presenting Issues	☐ Academic ☐ Appeal ☐ Withdrawal ☐ Financial ☐ Admissions/Recruitment	☐ Career/Employment ☐ Activities of Daily Living ☐ Housing ☐ Legal ☐ Physical/Sexual Abuse	☐ Threat to Self/Others ☐ Specific Symptom of Serious Mental Health Issue ☐ Substance Use/Addictions ☐ Problems with Relationships ☐ **Other** (specify)
Diagnostic Categories*	☐ **No Diagnosis** ☐ Adjustment Disorder ☐ Anxiety Disorder ☐ Bipolar Disorder ☐ Depressive Disorder ☐ **Other** (specify)	☐ Dissociative Disorder ☐ Eating Disorder ☐ Personality Disorder ☐ Neurodevelopmental Disorder ☐ Sleep-Wake Disorder	☐ Obsessive-Compulsive or Related Disorder ☐ Schizophrenia Spectrum/Psychotic Disorder ☐ Somatic Symptom or Related Disorder ☐ Substance Related or Addictive Disorder ☐ Trauma or Stressor-Related Disorder ☐ Unknown/Declined to Answer

*As identified by a licensed mental health professional or by client's self-report

SUICIDE RISK

History of Attempted Suicide	☐ Yes ☐ No	**Details of Previous Attempt(s)**	
Current Thoughts of Suicide	☐ Yes ☐ No	**Details of Current Risk**	
Current Plan	☐ Yes ☐ No		

MENTAL HEALTH TRIAGE SCALE

Refer to the Mental Health Triage Scale for rating criteria and recommended follow up actions

Rating	Presentation	Actions/Response

CASE MANAGEMENT SCREENING CHECKLIST

Check all that apply. At least one of the following criteria must be met for referral to Case Management:

☐ Suicide Threat/Attempt	☐ Involuntary withdrawal considered/ in progress due to a mental health or substance use-related concern	☐ Referral to community mental health/addictions case management, treatment or assessment required
☐ Recent hospitalization for a mental health or substance use-related concern	☐ Voluntary withdrawal considered or in progress due to a mental health or substance use-related concern	☐ Currently waitlisted for community mental health/addictions case management, assessment or treatment
☐ Recent emergency department visit for a mental health or substance use-related concern	☐ Returning to school following voluntary or involuntary withdrawal due to a mental health or substance use-related concern	

Student Name		**Student Number**	
Date of Visit		**Completed By**	
Outcome of Visit	☐ No follow up visit required ☐ Counselling follow up scheduled	☐ Referred to Case Management ☐ Referred to campus resource	☐ Referred to crisis services ☐ Referred to community resource