

Date:

Counselling and Wellness Intake form

Referral Information (Circle one)

Self-referral Staff referral

Name: _____ **Student Number:** _____

Gender:

Man _____

Woman _____

Other _____

Preferred Pronoun(optional): _____

- a. International student
- b. First Nations (status or non)
- c. Metis
- d. Inuit
- e. Indigenous (not specified as First Nation, Metis or Inuit)
- f. Non-Indigenous
- g. Non-specified/Other

Contact Information:

• **Email:** _____

• **Phone:** _____

Program: _____ **Year of Study:** ____ **Campus:** _____

How long have you been a Portage College student? _____

Reason for Counselling (use another page if needed):

Date: