



INTAKE FORM

Date of Intake: _____

Preferred Name (First and Last): _____

Pronouns: _____

U of T Campus Affiliation: St. George Scarborough Mississauga

Faculty/Department: _____

Status: Undergraduate Student Graduate Student Staff

Faculty Student / Personnel Number: _____

Preferred method of contact: Phone Email

Email Address: _____

Phone Number: _____

Can we safely leave voice message? Yes No

Instructions for leaving messages: _____

Address: _____

OPTIONAL: In the case of an emergency and/or crisis, we may be obligated to contact an emergency contact or emergency/crisis service. In the event we are not able to reach you by phone or email, you can choose to provide us with an emergency contact who you feel comfortable with the Centre contacting:

Name: _____

Relationship: _____

Contact Information: _____

Is there other important information that you would like for us to know?