

# Student Wellness Services

## Demographic Information



### Personal Information

**Student #:** \_\_\_\_\_ **Date of Birth (YY/MM/DD):** \_\_\_\_\_  
**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Can we leave a voicemail?**  Yes  No  
**Preferred name (optional):** \_\_\_\_\_ **Preferred Pronoun (optional):** \_\_\_\_\_  
**Sex assigned at birth:** M  F  Intersex  **Gender (optional)** \_\_\_\_\_  
**Health Card Number:** \_\_\_\_\_ **Province (health card):** \_\_\_\_\_  
**Kingston Address:**

Street Name & Number Apartment City Province Postal Code

**Permanent / Family Address:**  (If same as above)

Street Name & Number Apartment City Province Postal Code

### Emergency Contact Information

We collect this information in the unlikely event that we would need to notify someone of a potentially life-threatening situation, a situation in which you are unable to direct your own care, or a situation where you can not be found. Please note that your SWS Emergency Contact information is separate from other Emergency Contact information you provide to the university and will not be shared with other divisions or services within the university. As such, please ensure that your emergency contact information is updated on your Solus account.

#### EMERGENCY CONTACTS (preferably family or someone who you know well):

##### First Emergency Contact (Required)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Phone 1 #:** \_\_\_\_\_ **Phone 2 #:** \_\_\_\_\_

Street Name & Number City Prov/State Country Postal Code

##### Second Emergency Contact (Optional)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Phone 1 #:** \_\_\_\_\_ **Phone 2 #:** \_\_\_\_\_

Street Name & Number City Prov/State Country Postal Code

Please Complete Reverse



# Student Wellness Services CONFIDENTIAL INTAKE INFORMATION

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## Academic Information

Faculty/School: \_\_\_\_\_ Program: \_\_\_\_\_ Year of Study: \_\_\_\_\_

1.  Undergraduate Student      2.  Full-time Student      3.  Domestic Student  
 Graduate Student                       Part-time Student                       International Student  
 Professional Student                       Interest Student                       Exchange Student

## No Show Policy

We ask for 24 hours notice when cancelling an appointment. If you miss your appointment without cancelling, fees will apply at the following rates

SERVICE	FEE
QSAS session with an ASSESSIBILITY ADVISOR-----	\$30.00
Counselling session with a COUNSELLOR/MENTAL HEALTH NURSE-----	\$30.00
10 minute PHYSICIAN appointment-----	\$30.00
20 or 30minute PHYSICIAN appointment-----	\$60.00
60 minute PHYSICIAN/PSYCHOTHERAPY appointment-----	\$120.00
20-30 minute PSYCHIATRY appointment-----	\$60.00
31-60 minute PSYCHIATRY appointment-----	\$120.00
61-90 minute PSYCHIATRY appointment-----	\$180.00
10 minute NURSING appointment-----	\$10.00

Charges are to be paid at reception within 30 days. If payment is not received in 30 days the charges will be applied directly to your Queen's SOLUS account.

## THIRD PARTY/UNINSURED SERVICES

Not all medical services are covered by OHIP. These include insurance & other form completion, driver medicals, third party medicals, travel consultations/vaccinations, appeals, etc. Many are covered by your employer's health insurance plan or other 3rd party insurance plans. Patients will be advised of such charges and payment methods. All charges for uninsured services must be settled at the point of services

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*This information will be used to maintain client records. All privacy regulations as per PHIPA will be abided by.*

**PLEASE NOTE:** Student Wellness Services provides care to students currently enrolled at Queen's University. In other situations, please discuss with the Clinic Manager.

If you would be interested in participating in focus groups, interviews, or other similar activities to provide feedback / input on SWS programs and services, please check the box  Yes, please contact me by email if there are opportunities to participate