

REASON FOR REFERRAL	
<input type="checkbox"/> Simple Diagnosis Clarification <input type="checkbox"/> Complex Diagnosis Clarification <input type="checkbox"/> Medication/Prescription Management <input type="checkbox"/> Physical assessment-follow up <input type="checkbox"/> Mental Health/Wellness check <input type="checkbox"/> Academic/school accommodation <input type="checkbox"/> Financial <input type="checkbox"/> Drugs and alcohol	<input type="checkbox"/> Family dynamics/death of loved one <input type="checkbox"/> Housing insecurity <input type="checkbox"/> Social isolation/ Behavior <input type="checkbox"/> Integration at the University <input type="checkbox"/> Integration in Canada/Immigration <input type="checkbox"/> Assault/Domestic violence/Discrimination/Harassment <input type="checkbox"/> Other _____
Explanation/details of the student's need/situation:	
FOR SCHOOL ACCOMMODATION PURPOSES: STUDENT REPORTS HAVING DIFFICULTY WITH:	
<input type="checkbox"/> Attention and concentration. <input type="checkbox"/> Memory <input type="checkbox"/> Information processing <input type="checkbox"/> Executive functioning <input type="checkbox"/> Class participation/attendance <input type="checkbox"/> Emotional Control <input type="checkbox"/> Stress Management	<input type="checkbox"/> Fatigue <input type="checkbox"/> Pain <input type="checkbox"/> Light and sound sensitivity <input type="checkbox"/> Allergens <input type="checkbox"/> Mobility <input type="checkbox"/> Communication <input type="checkbox"/> Other:
MEDICAL and MENTAL HEALTH HISTORY	
Diagnoses (if known):	
Current Medications:	
Past medication if relevant:	
Allergies:	
Relevant psychiatric or medical History:	
Psychiatric or medical Hospitalizations Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, provide dates and reasons for hospitalization	