CONFIDENTIAL

Academic Advising/Disabilities Liaison Unit (A.A.D.L.U)

Today's date: ___/____/_____
(day/month/year)

PERSONAL INFORMATION

Date of birth: ___/____/_____ (day/month/year) **Age**: _____ **Gender:** Female ☐ Male ☐
Do you have a disability? Yes ☐ No ☐

Name: _____

Address: _____

Contact #:_____ **Mobile #:**_____

ACADEMIC INFORMATION

Faculty: _____ **Department**: _____ **Major**: _____
Study Year: _____ **UWI ID #** _____

I am: an undergraduate ☐ a postgraduate ☐

My degree is: full-time ☐ part-time ☐

Please indicate your main areas of concern:

ACADEMIC PROBLEMS with…

time management ☐
exam anxiety ☐
leave of absence ☐
stress) ☐
academic staff ☐
academic issues ☐

☐ **OTHER** _____

_____

EMOTIONAL DIFFICULTIES

☐ sadness, depression
☐ anger
☐ anxiety, fear, panic (inc. social anxiety)
☐ suicidal feelings
☐ loneliness

☐ concerns with eating/body image
☐ addictions, worrying habits

☐ traumatic experience
☐ bereavement

Have you seen your Academic Advisor? Yes ☐ ☐ No

Did anyone recommend / refer you to the Advsior? Yes ☐ ☐ No, it was my idea
If yes, who? (friend, family, doctor) _____

Currently, do you have significant physical health problems? _____

Are you taking any medication? _____

Have you used any CAPS online screening tools* (e.g. for depression)? Yes ☐ No ☐

Have you used the LASSI? _____