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| STUDENT NAME: | | DOB: | |
| ADDRESS: | | | |
| Matriculation No: | | Course/Degree: | |
| Problem/Symptom (causing difficulty with coursework/exam) | | | |
| Date problem started | | Duration of problem | |
| Who have you seen/spoken to about problem and when? | | | |
| GP | Date | Nurse | Date |
| Student Counsellor | Date | NHS24 | Date |
| GMEDS | Date | Pharmacist | Date |
| A&E | Date | Other (Samaritans, Drugs Action) | Date |
| Treatment for problem: | | | |