Department of Counseling and Student Wellness Referral Form

To be referred for University-based services, a student must be currently enrolled.

Date of Referral:

Student Name:

Date of Birth:

ID#:

Resident Hall:

Student's Phone #:

Referral Source:

Phone # of Referral Source:

Relationship to Student:

Reason for Referral:

Difficulty making transition:

- [ ] new student/freshman
- [ ] new program

Social problems:

- [ ] aggressive
- [ ] shy
- [ ] overactive
- [ ] Other

- [ ] poor skills
- [ ] low motivation

Major psychosocial or mental health concern:

- [ ] drug/alcohol abuse
- [ ] depression/suicide
- [ ] grief
- [ ] dropout prevention
- [ ] gang involvement
- [ ] pregnancy support
- [ ] eating problems
- [ ] physical/sexual abuse
- [ ] neglect
- [ ] reactions to chronic illness
- [ ] self esteem
- [ ] family/relationship problems
- [ ] anxiety/phobia
- [ ] legal problems
- [ ] other

Other specific concerns:

Current school functioning and desire for assistance:

Absent from school:

- [ ] seldom
- [ ] 1/month
- [ ] 2-3/month

- [ ] 4+/month

Overall academic performance:

- [ ] poor grades

- [ ]

- [ ] awaiting parent consent
- [ ] accepted
- [ ] Student unavailable -
- [ ] absent
- [ ] no show

Date:

Result:

- [ ] Met w/ student -
- [ ] declined
- [ ]