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# **Center for Counseling and Wellness (CCW): Referral Form**

**Name of referring staff member:** **Date of referral:**

**Referring Department:**

[ ]  Campus Ministries

[ ]  Center for Student Success

[ ]  Dean of Students

[ ]  Health Services

[ ]  Intercultural Student Development

[ ]  Life and Career Studies

[ ]  Residence Life

[ ]  Safer Spaces

[ ]  Office of Student Support, Accountability, & Restoration

[ ]  Other:

**Student name:** **Student ID number:**

**Referral for:**

[ ]  Screening/counseling session

[ ]  Diagnostic assessment

[ ]  Substance abuse assessment ($150 charge)

[ ]  Non-clinical/informational consultation

[ ]  Wellness planning

[ ]  Other:

**Concerns** (check all that apply):

[ ]  Anger/behavioral disruption

[ ]  Disordered eating

[ ]  Inattention/ADHD

[ ]  Sadness/depression

[ ]  Stress/anxiety/panic

[ ]  Substance misuse

[ ]  Suicidality/self-harm

[ ]  Trauma

[ ]  Other:

**Pertinent symptoms, history, and circumstances**:

**Information requested by referring staff**: (check all that apply)

*Please note that student consent is required for any identifiable information to be shared by CCW staff. Students can sign a Release of Information form in collaboration with a CCW staff member at the time of their appointment if desired.*

[ ]  None

[ ]  Attendance information

[ ]  Assessment summary

[ ]  Disability paperwork

[ ]  Treatment recommendations

[ ]  Wellness plan summary

[ ]  Other:

**Scheduling request:**

[ ]  Student has requested outreach from CCW to assist with scheduling.

[ ]  Student will schedule (or has already done so) by initiating contact with the CCW (contact info below).