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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).