

UNIVERSITY COUNSELING AND WELLBEING CENTER REFERRAL

Name of Person Making Referral _____ Date _____

Referrer Phone # _____ Referrer E-mail _____

Name of Student _____ Program and Year _____

Has the student expressed intent to harm him or herself? _____ No _____ Yes

If yes, please seek professional assistance immediately:

Weekdays 8:30-4:30 contact the UCWC at 412-396-6204;

After hours contact the UCWC Counselor on Call via DU Police at 412-496-2677; 24 hours a day contact re: Solve Crisis Network at 1-888-796-8226.

Has the student expressed intent to harm others? _____ No _____ Yes

If yes, please contact DU Police at 412-496-2677.

For Campus Safety concerns contact the Campus Community Risk Team at 412-849-4306.

Which difficulties might this student be experiencing? *(Please mark issues you are concerned about. It is not important for you to inquire about each issue; we will provide a comprehensive assessment.)*

_____ Poor academic performance

_____ Inappropriate classroom behavior

_____ Excessive anxiety/panic/worry

_____ Easily upset/irritable

_____ **Trauma or loss**

_____ Shyness/lack of confidence

_____ **Hallucinations**

_____ Legal problems

_____ Poor attendance

_____ Not performing well

_____ Lack of motivation

_____ Problems with concentration

_____ Relationship problems

_____ Aggressive behavior

_____ Strange/bizarre speech or behavior

_____ Substance abuse

(If Substance abuse is the primary issue, refer first to Dan Gittens, DU CARES Coordinator (412) 396-5834).

_____ Other: _____

Is this student mandated by your program to participate in an assessment?

_____ No _____ Yes If yes, what are the consequences of refusal to participate or to follow our recommendations?

Please describe the behavioral change you would like the student to demonstrate. In other words, how could one observe that this student was making progress toward necessary goals? If needed, describe further on the back of this form.

TO BE COMPLETED BY THE STUDENT:

May the University Counseling and Wellbeing Center contact you directly: Yes _____ No _____ May we tell the person who referred you that you are attending: Yes _____ No _____

Student Signature: _____ Date: _____