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  _____ Poor attendance
_____ Inappropriate classroom behavior  _____ Not performing well
_____ Excessive anxiety/ panic/ worry  _____ Lack of motivation
_____ Easily upset/irritable  _____ Problems with concentration
_____ Trauma or loss  _____ Relationship problems
_____ Shyness/ lack of confidence  _____ Aggressive behavior
_____ Hallucinations  _____ Strange/bizarre speech or behavior
_____ Legal problems  _____ 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:  ____________________