University Counseling Center
Referral Form

Name of Person Making Referral ___________________________ Today’s 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 UCC at 412-396-6204;
After hours contact the UCC 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 Center contact you directly: Yes_____ No_____

May we tell the person who referred you that you are attending: Yes_____ No_____