**COUNSELING SERVICES REFERRAL FORM**

**The Counseling Center believes that every student deserves a safe place where they can receive support to address their mental and physical wellbeing. Due to confidentially laws/policies associated with HIPAA, please be advised that in many instances, the NSU Counseling will not be able to provide the referring party with any follow up information after a referral has been submitted.**

**Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Referred Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID Number: \_\_\_\_\_\_\_\_**

**Student Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Residence Hall and Room Number (If Applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Did student express thoughts of harm to self or others?** Yes: \_\_\_\_ \_\_\_ No: \_\_\_\_\_\_\_\_\_

**\*If student is an immediate threat to themselves or others, contact NSU Police at**

**757-823-9000 (during and after business hours) and the Counseling Center at 757-823-8173 (during business hours).**

**Is student an athlete?** Yes: \_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_

**NOTABLE OBSERVATIONS OF STUDENT BEHAVIOR OR APPEARANCE:**

 Poor Grooming/Hygiene

 Sad/Depressed/Tearful

 Social Isolation

 Fighting/Threatening

 Angry

 Mood Swings

 Frequent Absences

 Seeing or Hearing Things that Aren’t There

 Slurring Words

 Weight/Appetite Change

 Worried

 Noncompliant

 Burns/Cuts/Injuries

 Other\_\_\_\_\_\_\_\_\_

**ISSUES REPORTED BY STUDENT TO YOU:**

 Suicidal Thoughts

 Suicide Plan

 Suicide Attempt

Self-Harm (Cuts/Burns)

 Thoughts to Harm Others

 Substance Abuse

 Significant Loss

 Interpersonal Isolation

 Relationship Concerns

 Parenting Concerns

 Financial Concerns

 Health Concerns

 Legal / Disciplinary Concerns

 Academic Concerns

 Sexual Assault / Physical Abuse

 Other\_\_\_\_\_\_\_\_\_\_\_\_

**ANY PREVIOUS INCIDENTS OF CONCERN:**

**OTHER SIGNIFICANT INFORMATION:**