**PART A: REFERRAL REQUEST. To be completed by staff member making the referral to CMHC**

*Please note if this is a safety or direct threat concern, please contact the HWD directly and/or follow the center’s operating procedures for mental health emergencies.*

**Student Name:**        **Student ID #:**

**Check one:** [ ]  Initial Referral [ ]  2nd Referral ☐ Subsequent Follow-Up Referral

**In addition to written feedback, I would like to set up an appointment to discuss this student:** [ ] Yes[ ]  No

**Observed issues or stated concerns:** (Check all that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Health History Form Responses | [ ]  | Sleep problems | [ ]  | Self-harm behaviors |
| [ ]  | Responses on SIF | [ ]  | Sadness/Emptiness/Withdrawal | [ ]  | Conflicts with staff |
| [ ]  | Absent or late from class | [ ]  | Hopelessness/Helplessness | [ ]  | Conflicts with peers |
| [ ]  | Poor attention or concentration | [ ]  | Irritability/Easily frustrated | [ ]  | Family issues |
| [ ]  | Academic struggles | [ ]  | Anger/Aggression  | [ ]  | Medication concerns |
| [ ]  | Slow progress in trade | [ ]  | Anxiety/Anxiety attacks | [ ]  | Past suicide attempts |
| [ ]  | Disorganization | [ ]  | Socially isolated | [ ]  | Grief/Loss concerns |
|[ ]  Sudden change in behavior |[ ]  Unusual or odd behavior |[ ]  Trauma/Abuse History |
| [ ]  | Issues adjusting to center life | [ ]  | Low or excessive energy | [ ]  | Poor Self-Esteem/Worthlessness |
| [ ]  | Frequent medical concerns | [ ]  | Unusual mood swings | [ ]  | Other:  |

Your Name Job Title Phone #

Your Signature Date sent to HWC or CMHC

**PART B: FEEDBACK/PLAN TO REFERRAL SOURCE. To be completed by CMHC**

CMHC Initial Brief Assessment Only ☐ Yes ☐ No DATE: \_\_\_\_\_\_\_\_\_\_

CMHC Full Intake Assessment ☐ Yes ☐ No DATE: \_\_\_\_\_\_\_\_\_\_

[ ]  No Intake Needed. See Plan Below

**Plan:** (Check ALL that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Student is not interested in mental health services at this time.  | [ ]  | Student is being considered for leave or medical separation with reinstatement (MSWR). |
| [ ]  | Student will have follow-up appointment with CMHC to address identified concerns and develop specific coping strategies. | [ ]  | Student will be referred to counselor for personal counseling to address identified concerns and case management. |
| [ ]  | Student will be referred to the following center support group(s):  | [ ]  | Student will be referred to other HWC staff for follow-up (e.g., center physician, TEAP specialist). Document referral in SHR |
| [ ]  | Student will be referred to Disability Coordinator (DC) for follow-up.  | [ ]  | Student provided educational information (e.g., sleep hygiene, stress management, etc.). |
| [ ]  | Referring staff should review specific accommodations listed in CIS to assist student | [ ]  | Referring staff should see attached Mental Health Case Management Form for more detailed information. |
| [ ]  | CMHC will contact referring staff to verbally discuss student and specific behavior strategies as requested above. (CMHC will document contact and strategies in student health record). | [ ]  | Other: |

**PART C: FEEDBACK/FOLLOW-UP TO REFERRAL SOURCE. To be completed by CMHC**

**FEEDBACK: FOLLOW UP**

[ ]  Please encourage student in practicing mindfulness/stress reduction skills they have been taught by the CMHC to promote employability:

[ ]  Diaphragmatic breathing [ ]  Visualization [ ]  Meditation [ ]  Walks on center for \_\_\_\_\_\_\_\_ minutes

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Encourage student to limit the use of digital technologies and connect in positive ways with others.

[ ]  Provide support by meeting with student on a weekly basis.

[ ]  Monitor symptoms you noted on the front of this form.

[ ]  Provide feedback to CMHC if symptoms increase.

[ ]  Validate student’s feelings when appropriate.

[ ]  Encourage student to reach out for help when needed.

[ ]  Discuss with dorm staff the need to minimize sleep interruptions.

[ ]  Encourage student to keep mental health appointments.

[ ]  Encourage student to use newly learned coping skills.

[ ]  Redirect student to focus attention on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ rather than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  Encourage good sleep habits and monitor sleep with dorm staff.

[ ]  Encourage student to engage in enjoyable activities (recreation).

[ ]  Encourage student to eat well and stay hydrated.

[ ]  Encourage student to engage in appropriate exercise.

[ ]  Offer consistent positive feedback.

[ ]  Offer encouragement before the start of class and when encountering student outside of class.

[ ]  Speak about concerns with the student in private.

[ ]  Avoid singling out student in class.

[ ]  Refer to Disability Coordinator for disability accommodations discussion or follow-up.

[ ]  Provide support by discussing with student how disability accommodations are being implemented.

[ ]  Please see attached detailed information.

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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[Name] Date referral form completed and sent to referring staff

[Professional title/license]

Center Mental Health Consultant