**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