



University of Guelph Student Wellness Referral Form for External Use
Fax completed referral to Health Services: (519) 821-2308

Purpose of This Form: We are committed to arranging appropriate and timely follow-up for University of Guelph students, however please know that there is often a waitlist for services. The information on this form will be used by us to internally triage all referred students to appropriate internal resources at the University as soon as possible.

Referral Date:

Table with 2 columns: Student/Patient Information and Referral Source Information. Rows include fields for Legal Name, Preferred Name, Lives on campus, Current Address, Date of Birth, Telephone Number, Health Card #, Name, Telephone/Fax/Address, Billing #, and Will you be providing follow-up.

Does the student consent to this referral? Y N

If so, please ensure to attach relevant notes

Is the student known to Counselling Services? Y N

If so, who?

Is the student known to our Student Health Services physicians and/or psychiatrists?

Y N If so, Who? _____

REASON(S) FOR REFERRAL:

Follow-up regarding **Medical** Presentation

Follow-up regarding **Mental Health** Presentation

CURRENT PRESENTING CONCERNS (Symptoms, current problems, why are you referring the student to the University of Guelph now?):

Please Specify Identified Risks:

Risk Issue	Check		If Yes, when?	Details
Past suicide attempt(s)	Y	N		
Suicidal Ideation	Y	N		
Family history of suicide	Y	N		
Deliberate self-harm	Y	N		
Hospitalizations (recent)	Y	N		
Recent ER visits	Y	N		
Current psychotic symptoms	Y	N		
Problematic substance use	Y	N		
Aggression/violence	Y	N		
Legal involvement	Y	N		
Fire setting	Y	N		
High risk behaviours (specify)	Y	N		
Other (please specify)	Y	N		

RELEVANT PSYCHOSOCIAL CIRCUMSTANCES – Please include any personal history or current life circumstance of note (e.g. sexual assault, family dynamics, life events):

RELEVANT MEDICAL HISTORY/PSYCHIATRIC DIAGNOSES:

CURRENT MEDICATIONS:

<u>Medications</u>	<u>Dose/Frequency</u>	<u>Approximate Start Date of Medication</u>

HOSPITALIZATIONS, THERAPIES, AND SERVICE INVOLVEMENT FOR THE PAST 2 YEARS:

IS THIS REFERRAL FOLLOWING A CURRENT HOSPITAL ADMISSION: Yes No

Discharge date:

Discharge Summary Attached: Yes SSAU Assessment Attached: Yes

Reason for Current Admission:

ACCESSIBILITY SERVICES:

Does the student require academic accommodations related to a disability, including mental health, which is either temporary or permanent? Yes No

If Yes, please complete a functional assessment form at www.uoguelph.ca/sas and fax to 519-824-9689.

ADDITIONAL INFORMATION:

Signature (name and credentials)