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| CASE MANAGEMENT SCREENING |
| STUDENT - GENERAL INFORMATION |
| StudentLast Name: |  | Student First Name: |  | Student U#: | Preferred Name: |  |
| StudentAddress: |  | Housing: | ON-CampusOFF-Campus |
| ***DOB:*** |  | Phone Number: |  | Email: |  |  |
|  (1) screening INFORMATION |
| Presenting Referral Issue |  |
| Current Mental Health Concerns/ Care  |  |
| Relevant Past Mental Health History  |  |
| Current Health Concerns |  |
| Relevant Past Health History |  |
| Living Environment |  |
| Social Support |  |
| Academic  |  |
| Employment/ Financial  |  |
| Risk Factors  |  |
| University Resources (in place): |  |
| Other Relevant Information: |
| Case PLAN STEPS |
| Mental Health Concerns  |  |
| Health Concerns |  |
| Living Environment |  |
| Social Support |  |
| Academic  |  |
| Employment/ Financial  |  |
| Family  |  |
| Other  |  |
| REFERRALS:

|  |  |  |
| --- | --- | --- |
| [ ]  Counseling Center | [ ]  Dean of Students | [ ]  Dean of Undergraduate Studies |
| [ ]  Student Health Services | [ ]  Student Rights and Responsibilities | [ ]  Dean of Graduate Studies |
| [ ]  Housing & Residential Education | [ ]  University Police | [ ]  Faculty/ Staff |
| [ ]  OTHER: |
| [ ]  OTHER: |
| [ ]  OTHER: |
| [ ]  OTHER: |

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| Signature of Case Manager: |  | DATE |  |

SOC – CASE MANAGEMENT SCREENING FORM