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| CASE MANAGEMENT SCREENING | | | | | | | | | | | | | | | | | |
| STUDENT - GENERAL INFORMATION | | | | | | | | | | | | | | | | | |
| Student  Last Name: | | |  | | | | | Student  First Name: | |  | | | Student  U#: | | Preferred Name: | |  |
| Student  Address: | | | |  | | | | | | | | | | Housing: | | ON-Campus  OFF-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 ofCase Manager: |  | DATE |  |

SOC – CASE MANAGEMENT SCREENING FORM