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| Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  UID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dob:\_\_\_\_\_\_\_\_\_\_ Student Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Local Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Referring Clinician*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Sessions with Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Still Active CC client: Yes  No Date Last Seen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Next Appt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Types(s) of Service Received from CC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Goals of CC Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason for Case Closure (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**REASON FOR REFERRAL:**

1. The student has been psychiatrically hospitalized within the last month *and*

has not returned for follow-up at CC as planned

will not be eligible for ongoing follow-up with CC

1. Does the student present with *two or more* of the following? Yes No

[check those that apply]

Disruptive behavior in academic and/or residential settings

Significant Concerns involving multiple offices on campus

Significant Concerns involving multiple social/ health/ support needs

Significant risk of academic failure

Current Risk factors: 🞏SI 🞏 HI 🞏Non-Suicidal Self-Injury 🞏Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will the Counseling Center’s primary current clinician continue providing therapeutic bridge care while other resources for the student are explored identified, and/or accessed? Yes No
2. This case is referred to SOCAT because the student:

cannot be managed through current Counseling Center clinical or case management services.

has risk factors at levels such that if the student does not follow-up with Counseling Center services or referrals, SOCAT outreach/ intervention would be recommended.

has needs warranting the outreach and intervention that SOCAT outreach case managers provide.

**REFERRAL DETAILS:**

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Release between SOCAT & CC Attached: Yes No

Referrals CC Staff Have Already Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_