**TO BE COMPLETED BY REFERRING CLINICIAN**

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| --- |
| Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Referring Clinician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Sessions with Student:\_\_\_\_\_\_\_\_ Risk Factors:SI HI Other:\_\_\_\_\_\_\_\_\_\_\_\_ Date of Next Appointment:\_\_\_\_\_\_\_\_  Campus Units/Treatment Providers Involved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Releases Obtained:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Referrals Given:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

REASON FOR REFERRAL

1) Has the student been hospitalized within the last month? Yes No

1. Has the student been unsuccessful accessing campus and

community resources two or more times with your help? Yes No

AND

does the student present with one or more of the following?

“Parity” Diagnosis, Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cases involving multiple units and providers

Disruptive behavior in academic and/or residential settings

Frequent use of crisis services (2-3 times per semester), though not in

crisis, and difficulty following through on suggested resources

At-risk of academic failure

1. If neither of the above two criteria are met, please consult with the case manager regarding the appropriateness of the referral.

PLEASE NOTE: The case manager will contact the student only after s/he and the clinician consult regarding the student, and the clinician has informed the student of the case manager’s role. Have these two requirements been met? Yes No Pending

CASE MANAGEMENT NEEDS OR THE STUDENT: Check all that apply

Post Psychiatric Hospitalization Services

Connect Student with Needed Service Providers

Facilitate Collaboration with Multiple Units and Providers

Research Available Resources

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**TO BE COMPLETED BY CASE MANAGER**

The case manager has provided services and followed-up with the referring

clinician to collaborate on the student’s care.

Date of follow-up:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_