

# SAN DIEGO MESA COLLEGE

Student Health Services

## Referral Form for Student of Concern

Phone: 619-388-2774 Fax: 619-388-2853 Email: [mbooth@sdccd.edu](mailto:mbooth@sdccd.edu) office: I4-209

### REFERRAL PROCESS:

1. Complete Student of Concern Referral Form and email or fax form to Michael Booth at Student Health Services. It's best to: Save the form, fill it out then attach it to an email.
2. Faculty and staff will be notified when referral form has been received.
3. In order to maintain confidentiality, Student Health Services may need to limit or keep private information discussed after the referral is processed.

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_

Date of Referral \_\_\_\_\_

Student contact numbers (cell) \_\_\_\_\_ (other) \_\_\_\_\_

Person completing referral \_\_\_\_\_ Relationship to student \_\_\_\_\_

Alternate contact info \_\_\_\_\_

Reason for referral: (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Poor hygiene                         | <input type="checkbox"/> Inappropriate language                     |
| <input type="checkbox"/> Frequent absences                    | <input type="checkbox"/> Limited resources: clothing, food, hygiene |
| <input type="checkbox"/> Difficulty focusing                  | <input type="checkbox"/> Social isolation                           |
| <input type="checkbox"/> Poor social skills                   | <input type="checkbox"/> Emotional Outbursts                        |
| <input type="checkbox"/> Depressed affect, sad, crying        | <input type="checkbox"/> Frequent injuries                          |
| <input type="checkbox"/> Odd Behavior                         | <input type="checkbox"/> Cuts or burns, bruising                    |
| <input type="checkbox"/> Anxiety Attack                       | <input type="checkbox"/> Student wants help with alcohol/drug use   |
| <input type="checkbox"/> Concerns about what they are writing | <input type="checkbox"/> Relationship problems                      |
| <input type="checkbox"/> Academic difficulty                  | <input type="checkbox"/> Hyperactive, hard to sit still             |
| <input type="checkbox"/> Dietary concerns                     | <input type="checkbox"/> Social isolation                           |
| <input type="checkbox"/> Other _____                          |   |

Have you discussed these concerns with the student: Yes\_\_ No\_\_?

If not, please explain why?

\_\_\_\_\_  
Briefly describe concern(s) that led to this referral. Only report the facts. Avoid making judgments and/or opinion statements.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you for taking the time to bring the needs of this student to our attention.*