

**Student Mental Health Referral Form**  
**Stevenson University**  
**Wellness Center**  
**443-352-4200**  
**FOR EMERGENCIES CALL 443-352-4500**

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Referral Made By: \_\_\_\_\_

Extension: \_\_\_\_\_

**I. Presenting Concerns:** *Please check box and circle any specific concerns*

- A. Academic Difficulties/Classroom Performance**  
Missed classes or homework, seeking extensions or postponing exams
- B. Appearance**  
Poor grooming or hygiene, weight change, evidence of possible self-harm (cuts, burns)
- C. Acting Out**  
Intimidating, threatening, fighting, argumentative, abusive language, noncompliant
- D. Mood Difficulties**  
Tearfulness, mood swings, anger management difficulties

**II. Source of Information:**

- Direct Observation
- Reported to you by student
- Reported to you by a third party (classmate, friend of student)
- Other (specify): \_\_\_\_\_

**III. Course of Action: (Check all that apply)**

- |  |                  |
|--|------------------|
| <input type="checkbox"/> Student Aware of Referral                                     | Date/Time: _____ |
| <input type="checkbox"/> Reported to Academic Advising (x.2332) Associate Dean         | Date/Time: _____ |
| <input type="checkbox"/> Reported to Wellness Center (x.4200) Associate Dean/Director  | Date/Time: _____ |
| <input type="checkbox"/> Reported to Security (x. 4500) Director                       | Date/Time: _____ |
| <input type="checkbox"/> Reported to Dean of Students/VP for Student Affairs (x. 4306) | Date/Time: _____ |

**Other Important Information:** \_\_\_\_\_

Please send via interdepartmental mail marked confidential or fax 443-352-4201. Please don't email in order to maintain confidentiality. Please call the department the referral is being made to notifying them a written referral is to be expected. Thank you.