

Psychologist Referral Form

USE this form when a student has:

- expressed difficulties with relationships
- expressed or demonstrated concerns related to mood
- appears to be experiencing thoughts affecting their ability to function daily

DO NOT use this form when a student is facing an immediate health or safety risk (suicidal or homicidal behavior or comments). Should that occur, call 911 and/or the University Responders on Call at 402.280.2384.

Your name: _____

Date you are submitting this form: _____ Date you spoke with student: _____

Does the student know you have made this referral? Yes No

Does the student know that the psychologist will outreach within two business days? Yes No

Student's name: _____ Student's preferred name: _____

Student's email: _____

What has caused you to refer the student to a psychologist?

TO BE COMPLETED BY PSYCHOLOGIST:

Date received: _____

Date of first outreach: _____ Method of first outreach: _____